

Massachusetts

**Suicide Prevention
Resource Guide**

**Suicide Prevention Program
Injury Prevention and Control Program
Massachusetts Department of Public Health
250 Washington St., 4th Floor
Boston, MA 02108**

June, 2008

Massachusetts Suicide Prevention Resource Guide

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This guide and other materials can be accessed via the internet at
<http://www.mass.gov/dph/injury>

Foreword

Dear Suicide Prevention Advocate,

This is a Revised Version of the *Massachusetts Suicide Prevention Resource Guide*. Suicide has touched the lives of many of us. The goal of this directory is to help you locate existing suicide prevention services and resources. This guide is intended to provide local, state and national suicide prevention and survivor support services and resources.*

We look forward to your comments, suggestions and continued participation in making this guide more useful for everyone touched by suicide, and working to prevent it.

Sincerely,

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*Please note that this guide is intended as an informational resource and should serve only as a starting point in your research for resources and materials. While every effort has been made to ensure the information contained within this guide is accurate, resources and services may have changed, ended or been added since the publication of this guide.

Suicide Prevention Resource Guide

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I. Overview: Suicide in Massachusetts

Overview: Suicide in Massachusetts

Suicide is a significant public health problem in Massachusetts (MA), taking 469 MA residents' lives in 2005¹. Suicides were 2.6 times as frequent as homicides that year. Males account for more suicides in MA than females (354 vs. 115 in 2005, respectively), but females account for more hospital stays for nonfatal self inflicted injuries compared with males (2,573 vs. 1,783 in FY2005², respectively). Among males, suicide rates in 2005 were highest for individuals ages 40 to 44 years, and 80 years and over; among females, the highest rate was among individuals ages 45-54 years. The FY2005 hospital stay rate for non-fatal self-inflicted injury was highest among individuals ages 15-24 years. Annually, for each suicide, there are approximately 9 hospital stays² and 14 emergency department discharges³ for non-fatal self-inflicted injury.

Suffocation (including hanging) and firearms were the most common methods used to complete suicide in 2005 among males (45% and 28%, respectively), while poisoning and suffocation were the most common methods among females (45% and 35%, respectively). White non-Hispanics have the highest age adjusted rate of suicide (7.5 per 100,000) compared with Black, non-Hispanics, Asians and Hispanics.

	Deaths 2005	Hospital Stays FY2005	Emergency Dept. Discharges FY2005
Annual Number	469	4356	6956
Annual Crude Rate per 100,000 population	7.3	68.1	108.7
Most Common Method	Suffocation (43%)	Poisoning (80%)	Poisoning (52%)
Highest Rate : Sex	Males	Females	Females
Highest Rate: Age Group (Years)	40-44 and 80-84	15-19	15-19

State survey data also provides insight into the magnitude of this problem. According to the Massachusetts Behavior Risk Factor Surveillance System, a random digit telephone survey of non-institutionalized residents ages 18 years and over, 3.8% seriously considered suicide in the preceding 12 months. In addition, the Youth Risk Behavior Survey, a survey of public high school students conducted by the Massachusetts Department of Education in collaboration with the Center for Disease Control (CDC), finds that in 2005, 13.0% of High School students reported they seriously considered suicide in the past year and 6% reported making an attempt.

¹Death data is from the Registry of Vital Records and Statistics, MA Department of Public Health.

²Hospital Stays are sum totals from the MA Inpatient and Outpatient Observation Stay Databases, MA Division of Health Care Finance and Policy. Prepared by the MA Department of Public Health

³Emergency Department Discharge Database, MA Division of Health Care Finance and Policy. Prepared by the MA Department of Public Health.

Social stigma, pressure from survivors, and incomplete information about intentionality may result in under-reporting of self-inflicted injuries and deaths. Furthermore, hospital data collection systems for nonfatal injury are limited primarily to acute care hospitals. Patients treated in psychiatric facilities, Veteran's Administration hospitals, corrections facilities, or by health professionals outside of a hospital setting are excluded.

Suicide can be prevented. A public health approach to this problem includes ongoing collection of data on the magnitude and risk factors for these injuries and the use of this information in the development of prevention and other targeted interventions.

For additional data and surveillance information, please visit the Injury Surveillance Program website at www.mass.gov/dph/bhsre/isp/isp.htm

For more information on suicide data or to learn more about suicide prevention activities in Massachusetts, please contact:

The Injury Surveillance Program

Center for Health Information, Statistics, Research and Evaluation
Massachusetts Department of Public Health
250 Washington Street, 6th Floor
Boston, MA 02108
617-624-5648

The Injury Prevention and Control Program

Center for Family and Community Health
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
617-624-5413

II. Understanding Suicide

- A. Suicide Facts
- B. Research
- C. Warning Signs of Suicide
- D. What To Do if a Friend or Relative is Suicidal
- E. Suicide Among Youth and Young Adults
- F. Suicide Among Veterans
- G. Suicide Among The Elderly
- H. Survivors of Suicide
- I. Intentional Injury
- J. Depression
- K. Suicide and Firearms

A. Suicide in the U.S.A.

Based on Current (2004) Statistics

1. 2004 (the latest year for which we have national statistics), there were 32,439 suicides in the U.S. (89 suicides per day; 1 suicide every 16 minutes). This translates to an annual suicide rate of 11.5 per 100,000.
2. Suicide is the eleventh leading cause of death.
3. Suicide rates in the U.S. can best be characterized as mostly stable over time. Since 1990, rates have ranged between 12.4 and 10.7 per 100,000.
4. Rates of suicide are highest in the intermountain states. Eight of the 10 states with the highest suicide rates are from the intermountain region.
5. Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.
6. Relative to those younger, rates of completed suicide are highest among the elderly (age 80 and over).
7. Elderly adults have rates of suicide close to 50% higher than that of the nation as a whole (all ages).
8. Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. From the late 1970's to the mid 1990's, suicide rates for youth remained stable and, since then, have slightly decreased.
9. Suicide ranks third as a cause of death among young (15-24) Americans; only accidents and homicides occur more frequently.
10. Firearms remain the most commonly utilized method of completing suicide by essentially all groups. More than half (52%) of the individuals who took their own lives in 2004 used this method. Males (58% firearms; 42% other method) used firearms more often than their female counterparts (33% firearms; 67% other method).
11. The most common method of suicide for all females was poisoning. In fact, poisoning has surpassed firearms for female suicides since 2001.
12. Caucasians (12.3 per 100,000) have higher rates of completed suicides than African Americans (5.2 per 100,000).
13. Suicide rates have traditionally decreased in times of war and increased in times of economic crises.
14. Suicide rates are the highest among the divorced, separated, and widowed and lowest among the married.

B. Research Findings

- Although there are no official national statistics on attempted suicide (e.g., non-fatal actions) it is generally estimated that there are 25 attempts for each death by suicide.
- Risk of attempted (nonfatal) suicide is greatest among females and the young.
- Ratios of attempted to completed suicides for youth are estimated to range between 100 to 1 and 200 to 1.
- Mental health diagnoses are generally associated with a higher rate of suicide. Psychological autopsy studies reflect that more than 90% of completed suicides had one or more mental disorders.
- Those with the following diagnoses are at particular risk: depression, schizophrenia, drug and/or chemical dependency and conduct disorders (in adolescence).
- There is a relationship between depression and suicide; the risk of suicide is increased by more than 50 percent in depressed individuals. Aggregated research findings suggest that about 60 percent of suicides were depressed.
- There is a relationship between alcoholism and suicide; the risk of suicide in alcoholics is 50 to 70 percent higher than the general population
- Feelings of hopelessness (e.g., there is no solution to my problem) are found to be more predictive of suicide risk than a diagnosis of depression per se.
- Socially isolated individuals are generally found to be at a higher risk for suicide.
- The vast majority of individuals who are suicidal often display cues and warning signs.

Source: www.suicidolgy.org

C. Warning Signs

Here's an Easy-to-Remember Mnemonic for the Warning Signs of Suicide:

IS PATH WARM?

A person at risk for suicidal behavior most often will exhibit warning signs:

I Ideation → Expressed or communicated ideation

- Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself; and/or
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

S Substance Abuse → Increased substance (alcohol or drug) use

P Purposelessness → No reason for living; no sense of purpose in life

A Anxiety → Anxiety, agitation, unable to sleep or sleeping all the time

T Trapped → Feeling trapped (like there's no way out)

H Hopelessness → Hopelessness

W Withdrawal → Withdrawal from friends, family and society

A Anger → Rage, uncontrolled anger, seeking revenge

R Recklessness → Acting reckless or engaging in risk activities, seemingly without thinking

M Mood Change → Dramatic mood changes

These warning signs were derived as a consensus from a meeting of internationally-renowned clinical researchers held under the auspices of the AAS in Wellesley, MA in November 2003.

Sources

The information for this fact sheet was gathered from the National Vital Statistics Reports on the National Center for Health Statistics website (<http://www.cdc.gov/nchs/Default.htm>) operated by the Center for Disease Control and Prevention. Unless specified otherwise, information presented refers to the latest available data (i.e. 2003).

American Association of Suicidology

The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. AAS promotes research, public awareness programs, education, and training for professionals, survivors, and all interested persons. AAS serves as a national clearinghouse for information on suicide. AAS has many resources and publications which are available to its membership and the general public.

For membership information, please contact:

American Association for Suicidology

Email: info@suicidology.org

Website: www.suicidology.org

(202) 237-2280 Fax: (202) 237-2282

D. What to do if a friend or relative is suicidal

- Trust your instincts and believe that the person may attempt suicide.
- Talk with the person about your concerns and show that you care and want to help.
- Ask the person direct questions. The more detailed their plan, the greater the immediate risk.
- Remember that the most important thing is to listen.
- Get professional help - even if the person resists.
- Do not leave the person alone.
- Do not swear to secrecy.
- Do not act shocked or judge the person.
- Do not counsel the person.

Source: National Mental Health Association, www.nmha.org

In An Acute Crisis

- In an acute crisis, take your friend or loved one to an emergency room or walk-in clinic at a psychiatric hospital. Do not leave them alone until help is available.
- Remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt.
- Hospitalization may be indicated and may be necessary at least until the crisis abates.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable, call your local emergency number.

Source: American Foundation for Suicide Prevention; www.afsp.org

E. Suicide Among Youth and Young Adults

- Suicide ranks as the third leading cause of death for young people (ages 15 to 24); only accidents and homicides occur more frequently.
- Approximately 11 young people between the ages of 15-24 die every day by suicide.
- Within every 2 hours and 15 minutes a person under the age of 25 completes suicide.
- Suicide rates, for 15 –24 year olds, have more than doubled since the 1950's, and remained largely stable at these higher levels between the late 1970's and the mid 1990's. They have declined 25.6% since 1995.
- In the past 60 years, the suicide rate has quadrupled for males 15 to 24 years old, and has doubled for females of the same age.
- Firearms remain the most commonly used suicide method among youth, regardless of race or gender.
- Research has shown that the access to and availability of firearms is a significant factor in the increase of youth suicide. Guns in the home are deadly to its occupants.
- For every suicide completed by youth, it is estimated that 100 to 200 attempts are made. A prior suicide attempt is an important risk factor for an eventual completion.
- GLBT youth are at an increased risk for suicide and GLBT youth who have been the victims of harassment or violence are at the highest risk.

Sources: American Association of Suicidology, www.suicidology.org National Vital Statistics Reports, National Center for Health Statistics; www.cdc.gov/nchs National Mental Health Association; www.nmha.org

Massachusetts Statistics for Suicidal Thinking and Behavior Among High School Students (2005)

- 27% of students reported feeling sad or hopeless for two weeks or more in the past year.
- 13% of students have seriously considered suicide in the past year.
- 12% of students made a suicide plan.
- 6% of students attempted suicide.
- 2% of students received medical attention for a suicide attempt.
- Sexual minority youth attempted suicide 4 times more often than other youth and made a suicide attempt with injury 5 times more often.

Source: 2005 Massachusetts Youth Risk Behavior Survey Results; Massachusetts Department of Education May 2006; www.doe.mass.edu/hssss/program/youthrisk

Facing the Danger of Teen Suicide

Sometimes teens feel so depressed that they consider ending their lives. Nationwide, each year almost 5,000 young people, ages 15 to 24, kill themselves. The rate of suicide for this age group has nearly tripled since 1960, making it the third leading cause of death in adolescents and the second leading cause of death among college age youth.

Studies show that suicide attempts among young people may be based on long standing problems triggered by a specific event. Suicidal adolescents may view a temporary situation as a permanent condition. Feelings of anger and resentment combined with exaggerated guilt can lead to impulsive, self-destructive acts.

Source: National Mental Health Association, www.nmha.org

Recognizing the Warning Signs

Four out of five teens who attempt suicide have given clear warnings. Pay attention to these warning signs:

- Suicide threats, direct and indirect
- Obsession with death
- Poems, essays and drawings that refer to death
- Dramatic change in personality or appearance
- Irrational, bizarre behavior
- Overwhelming sense of guilt, shame or reflection
- Changed eating or sleeping patterns
- Severe drop in school performance
- Giving away belongings

Helping Suicidal Teens

- **Offer help and listen.** Encourage depressed teens to talk about their feelings. Listen, don't lecture.
- **Trust your instincts.** If it seems that the situation may be serious, seek prompt help. Break a confidence, if necessary, in order to save a life.
- **Pay attention to talk about suicide.** Ask direct questions and don't be afraid of frank discussions. Silence is deadly!
- **Seek professional help.** It is essential to seek expert advice from a mental health professional that has experience helping depressed teens. Also, alert key adults in the teen's life - family, friends and teacher

Source: National Mental Health Association, www.nmha.org

What Parents Can Do

- **Talk with your child** and let him or her know you care and want to help. Don't assume that a teen's moodiness is "just a phase".
- **Have your teen screened for depression.** You can get information from a school counselor or pediatrician.
- **Get professional help early.** The sooner teen depression is treated, the better.
- **Lock up medications** that may be deadly-or don't keep them around at all.
- **Remove all firearms,** including hunting rifles, from the home.
- **Make sure your child's treatment is up-to-date** and that his or her therapist is aware of the most effective approaches.
- **Address the dangers of alcohol and illegal drugs,** explaining to teens that they are especially vulnerable to drug use/experimentation.

What School Personnel Can Do

- **Know the warning signs!**
- **Know the school's responsibilities.** Schools have been held liable in the courts for not warning parents in a timely fashion or adequately supervising the suicidal student.
- **Encourage students to confide in someone.** Let students know that someone is there to help, that there is someone who cares at school. Encourage them to come to someone at school if they or someone they know is considering suicide.
- **Refer student immediately.** Do not "send" a student to the school psychologist or counselor. Make sure student is escorted to a member of the school's crisis team. If a team has not been identified, notify the principal, psychologist, counselor, nurse or social worker
- **Organize/join the school crisis team.**
- **Advocate for the child.** Sometimes administrators may minimize risk factors and warning signs in a particular student. Advocate for the child until staff is certain the child is safe.

Source: National Association of School Psychologists, www.nasponline.org

Suicide Among College Students

- Suicide is the 3rd leading cause of death in college-age students (20 to 24 years old).
- It is estimated that there are more than 1,000 suicides on college campuses per year.
- One in 12 college students have made a suicide plan.
- Two groups of students might be at higher risk for suicide:
 - Students with a pre-existing (before college) mental health condition, and
 - Students who develop a mental health condition while in college.Within these groups, students who are male, Asian and Hispanic, under the age of 21 are more likely to experience suicide ideation and attempts.
- Reasons attributed to the appearance or increase of symptoms /disorders:
 - ◆ New and unfamiliar environment
 - ◆ Academic and social pressures
 - ◆ Feelings of failure or decreased performance
 - ◆ Alienation
 - ◆ Family history of mental illness
 - ◆ Lack of adequate coping skills
 - ◆ Difficulties adjusting to new demands and different work loads
- Risk factors for suicide in college students include depression, sadness, hopelessness and stress.
- As with the general population, depression plays a large role in suicide. Ten percent of college students have been diagnosed with depression. The vast majority of young adults aged 18 and older who are diagnosed with depression do not receive appropriate treatment or even any treatment at all.

Source: American Association of Suicidology; www.suicidolgy.org

“Safeguarding your students Against Suicide-Expanding the Safety Net: Proceedings from an Expert panel on Vulnerability, Depressive Symptoms, and Suicidal Behavior on College Campuses, a report by NMHA and The Jed Foundation (2002).

F. Veterans

How to Spot Warning Signs

The Department of Veterans Affairs provides the following warning signs.

- Talking about wanting to hurt or kill oneself
- Trying to get pills, guns, or other ways to harm oneself
- Talking or writing about death, dying, or suicide
- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting in a reckless or risky way
- Feeling trapped, like there's no way out
- Saying or feeling there's no reason for living

Suicide Signs Unique to Vets

Experts on suicide prevention say for veterans there are some particular signs to watch for.

- Calling old friends, particularly military friends, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsessed with news coverage of the war, the military channel
- Wearing their uniform or part of their uniform, boots, etc
- Talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to commit suicide brings a sense of peace of mind, and they sleep more to withdraw)
- Becoming overprotective of children
- Standing guard of the house, perhaps while everyone is asleep staying up to "watch over" the house, obsessively locking doors, windows
- If they are on medication, stopping medication and/or hoarding medication
- Hoarding alcohol -- not necessarily hard alcohol, could be wine
- Spending spree, buying gifts for family members and friends "to remember by"
- Defensive speech "you wouldn't understand," etc.
- Stop making eye contact or speaking with others

Where to Get Help

Hotline for Veterans

Veterans who need help immediate counseling should call the hotline run by Veterans Affairs professionals at 1-800-273-TALK and press 1 identifying themselves as military veterans. Staff members are specially trained to take calls from military veterans and its staffed 24 hours a day, everyday. While all operators are trained to help veterans, some are also former military.

Clinical Care

To find the closest Dept of Veterans Affairs facility to you that has mental health professionals, go to <http://www1.va.gov/directory/guide/home.asp?isFlash=1> and type in your zip code.

What is Posttraumatic Stress Disorder?

According to the **National Center for Posttraumatic Stress Disorder**, "PTSD is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening."

Those who have experienced a life-threatening event can develop PTSD. These can include:

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.

For those who have PTSD, there are generally four types of symptoms:

- Reliving the event
- Avoiding situations that remind you of the event
- Feeling numb
- Feeling keyed up -- on alert and on the lookout for danger

The National Center for PTSD offers this information in a tipsheet, and notes: "after the event, you may feel scared, confused, and angry. If these feelings don't go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities."

G. Suicide among the Elderly

- The suicide rate for the elderly reached a peak in 1987 at 21.8 per 100,000 people. Since 1987, the rate of elderly suicides has declined 28% (down to 14.3 in 2004).
- Although older adults attempt suicide less often than those in other age groups, they have a higher completion rate. For all ages combined, there is an estimated 1 suicide for every 25 attempts. Among the young (ages 15-24 years) there is an estimated 1 suicide for every 100-200 attempts. Over the age of 65, there is 1 suicide for every 4 attempts.
- Firearms are the most common means used for completing suicide among the elderly.
- Alcohol or substance abuse plays a diminishing role in later life suicides.
- One of the leading causes of suicide among the elderly is depression, often undiagnosed and/or untreated.
- The act of completing suicide is rarely preceded by only one cause or one reason. In the elderly, common risk factors include:
 - The recent death of a loved one;
 - Physical illness, uncontrollable pain or the fear of prolonged illness;
 - Perceived poor health;
 - Social isolation and loneliness;
 - Major changes in social roles (e.g. retirement)

*Source: American Association of Suicidology; www.suicidology.org
National Vital Statistics Reports; National Center for Health Statistics;
www.cdc.gov/ncipc/wisqars/default.htm Institute on Aging; www.gioa.org*

H. Survivors of Suicide

- Each year over 30,000 people in the United States die by suicide. The devastated family and friends they leave behind are known as “survivors”. There are millions of survivors who are trying to cope with this loss.
- Survivors often experience a wide range of grief reactions, including some or all of the following: shock, symptoms of depression, anger towards the deceased, relief, guilt.
- 90 percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death. Suicide is almost always complicated, resulting from a combination of painful suffering, desperate hopelessness and underlying psychiatric illness.

Coping With Suicide Loss

- Some survivors struggle with what to tell other people. Although you should make whatever decision feels right to you, most survivors have found it best to simply acknowledge that their loved one died by suicide.
- You may find that it helps to reach out to family and friends. Because some people may not know what to say, you may need to take the initiative to talk about the suicide, share your feelings and ask for their help.
- Maintaining contact with other people is especially important during the stress-filled months after a loved one’s suicide.
- Keep in mind that each person grieves in his or her own way.
- Each person also grieves at his or her own pace; there is no set rhythm or timeline for healing.
- Anniversaries, birthdays, and holidays may be especially difficult, so you might want to think about whether you want to continue old traditions or create some new one.
- Children experience many of the feelings of adult grief, and are particularly vulnerable to feeling abandoned and guilty. Reassure them that the death was not their fault. Listen to their questions and try to offer honest, straightforward, age-appropriate answers.
- Eventually starting to enjoy life is not a betrayal of your loved one, but rather a sign that you have begun to heal.

Source: American Foundation for Suicide Prevention; www.afsp.org/survivor

I. Intentional Injuries

There are two basic types of intentional injury, self-injury and injuries with suicidal intent. Self-injury (also called self-mutilation) includes behaviors that are deliberate and cause immediate physical harm to the subject. For example: cutting, burning, interfering with wound healing, hair pulling, scratching and self-hitting are all examples of self-injuries that are considered pathological and warrant intervention. Some self-injuries, if not carried to extremes, are socially sanctioned such as body art and body piercing and are not considered pathological. Other self-injurious behavior such as smoking, drinking, drug use, failure to exercise, etc. although deleterious in the long run, usually do not cause immediate self-harm.

Suicidal intent and self-injury

The behaviors of cutting, burning, interference with wound healing, self-hitting and hair pulling are coping behaviors that help the subject release pent up emotions such as anxiety, fear or anger. As maladaptive as the behavior seems it is an effective coping mechanism that may become habitual. It is most often practiced in secret when alone and can stimulate tremendous shame and guilt if it becomes repetitive. The subject does not intend to die by their acts.

Suicidal behavior is an even more maladaptive attempt at coping behavior since it may result in either death or serious injury. Suicide is less about seeking death than it is about seeking relief and release from overpowering feelings of helplessness and hopelessness. It feels to the subject like the only solution and is a last resort.

Although a fairly clear distinction may be drawn between self-injury behavior and suicidal behavior, subjects who engage in self-injury, if found out, may experience ostracism from their social peers due to the difficulty others have in understanding and accepting such behavior. If the shame and isolation from peers is felt strongly, the subject may become suicidal.

What schools can do

- Provide all school nurses, health teachers, counselors, coaches, classroom teachers and administrators with training on intentional injury.
- Contact the local mental health system to learn about services available for students and how to access them.
- Incorporate age-appropriate information on intentional injury into comprehensive health education programs and school-based health center admission policies and procedures.
- Set up on-site counseling groups for students who practice self-injurious behaviors.
- Post counseling and other information resources widely.
- Advertise responsible health websites for students to visit anonymously.

J. Depression

Warning signs of major depression or mental illness among all age groups

Changes in feelings such as fear and anger are a normal part of life. Personal situations, such as a divorce, loss of a job, or strained relationships with family or friends can cause emotional stress, thus making a person feel sad or blue. These are not unusual reactions.

Certain thoughts and feelings associated with some experiences, however, may be warnings of more serious problems and the need for mental health intervention. It is not always easy to spot these warning signs, or figure out what they mean—qualified mental health professionals should be consulted in order to make an accurate diagnosis.

The following feelings and experiences may be warning signs of major depression or mental illness:

- Finding little or no pleasure in life
- Feeling worthless or extremely guilty
- Crying a lot for no particular reason
- Withdrawing from other people
- Experiencing severe anxiety, panic or fear
- Having very low energy
- Losing interest in hobbies and pleasurable activities
- Having too much energy, having trouble concentrating or following through on plans
- Experiencing racing thoughts or agitation
- Hearing voices or seeing images that other people do not experience
- Believing that others are plotting against you
- Wanting to harm yourself or someone else

Source: The National Mental Health Awareness Campaign, www.nostigma.org

The Links Between Depression and Suicide

- Major depression is the psychiatric diagnosis most commonly associated with suicide.
- About 2/3 of people who complete suicide are depressed at the time of their deaths.
- One out of every sixteen people who are diagnosed with depression eventually go on to end their lives through suicide.
- About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression in their lifetime will go on to complete suicide.
- The risk of suicide in people with major depression is about 20 times that of the general population.
- People who have had multiple episodes of depression are at greater risk for suicide than those that have had one episode.
- People who have a dependence on alcohol and drugs in addition to being depressed are at greater risk for suicide.
- People who are depressed and exhibit the following symptoms are at particular risk for suicide:
 1. Extreme hopelessness
 2. A lack of interest in activities that were previously pleasurable
 3. Heightened anxiety and/or panic attacks
 4. Global insomnia
 5. Talk about suicide or a prior history of attempts/acts
 6. Irritability and agitation

Source: American Association of Suicidology; www.suicidology.org

K. Suicide and Firearms

There is a strong correlation between suicide and gun violence. In fact, 60% of suicide deaths involve a firearm.

The facts:

- Contrary to public belief, most gun deaths are suicides, not homicides.
- The risk of suicide of a household member is increased nearly five times in homes with guns. (Kellerman, 1992, New England Journal of Medicine)
- Firearms are now the most common method of suicide for women, a change from 1970 when poisonings was the leading method for women. (National Center for Health Statistics)
- Firearms are used in two of three youth suicides. Unlike any other attempted method, use of firearms is most likely to be fatal. (National Center for Health Statistics)
- 72.9% of suicides committed by older adults involved a firearm. (National Center for Health Statistics)
- The Surgeon General's National Strategy for Suicide Prevention identifies easy access to guns as a risk factor for suicide. Professionals need to ask families about the presence of firearms in their homes. Delaying access to lethal means can provide a valuable opportunity for an adult in crisis or an impulsive young person to seek help.

Source: Join Together: Gun Violence: Making Connections with Suicide, Domestic Violence and Substance Abuse, www.jointogether.org

III. Summary of National Strategy For Suicide Prevention

Summary of National Strategy for Suicide Prevention

The **National Strategy for Suicide Prevention** was published in May 2001 by the U.S. Department of Health and Human Services with leadership from the Surgeon General. It is designed to be a catalyst for social change with the power to transform attitudes, policies, and services. Representing the combined work of advocates, clinicians, researchers and survivors, the **National Strategy** lays out a framework for action and guides development of an array of services and programs yet to be set in motion. It strives to promote and provide direction to efforts to modify the social infrastructure in ways that will affect the most basic attitudes about suicide and its prevention, and that will also change judicial, educational, and health care systems.

Goals and Objectives for Action:

- Goal 1: Promote awareness that suicide is a public health problem that is preventable
- Goal 2: Develop broad-based support for suicide prevention
- Goal 3: Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services
- Goal 4: Develop and implement suicide prevention programs
- Goal 5: Promote efforts to reduce access to lethal means and methods of self-harm
- Goal 6: Implement training for recognition of at-risk behavior and delivery of effective treatment
- Goal 7: Develop and promote effective clinical and professional practices
- Goal 8: Improve access to and community linkages with mental health and substance abuse services
- Goal 9: Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media
- Goal 10: Promote and support research on suicide and suicide prevention
- Goal 11: Improve and expand surveillance systems

Source: The complete “National Strategy for Suicide Prevention, A Report from the Surgeon General”. www.mentalhealth.org/publications

IV. State Suicide Prevention Plans

State Suicide Prevention Plans

NATIONAL

Suicide Prevention Resource Center

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02458-1060

www.sprc.org/statepages

The State Suicide Prevention Web Pages will serve as a central collection of information about suicide prevention efforts for each state and provide a forum for sharing communication and resources within and across states. Each page includes a brief history of state suicide prevention efforts, highlights of current activities, a link to the state plan, scope of the state plan, state data, legislation, resources, funding sources and more.

MASSACHUSETTS STATE PLAN

Massachusetts Suicide Prevention Program

250 Washington St. 4th floor

Boston, MA 02108

Phone: 617-624-5476

Fax: 617-624-5075

Email: www.mass.gov/dph/fch/injury/index.htm

V. Reporting on Suicide: Recommendations for the Media

Reporting on Suicide:

Research indicates that the way suicide is reported in the media can contribute to additional suicides and suicide attempts. Conversely, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. The following recommendations have been developed to assist reporters and editors in safe reporting on suicide.

For Reporters

What to Avoid

- *Avoid detailed descriptions of the suicide, including specifics of the method and location.*

Reason: Detailed descriptions increase the risk of a vulnerable individual imitating the act.

- *Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives. Avoid first-person accounts from adolescents about their suicide attempts.*

Reason: Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.

- *Avoid glamorizing the suicide of a celebrity.*

Reason: Research indicates that celebrity suicides can promote copycat suicides among vulnerable people. Do not let the glamour of the celebrity obscure any mental health or substance abuse problems that may have contributed to the celebrity's death.

- *Avoid oversimplifying the causes of suicides, murder-suicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable.*

Reason: Research shows that from 60–90 percent of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose suicide act appears to be triggered by a particular event often have significant underlying mental health problems that may not be readily evident, even to family and friends. Studies also have found that perpetrators of murder-suicides are often depressed, and that most suicide pacts involve one individual who is coercive and another who is extremely dependent.

- *Avoid overstating the frequency of suicide.*

Reason: Overstating the frequency of suicide (by, for example, referring to a “suicide epidemic”) may cause vulnerable individuals to think of it as an accepted or normal response to problems. Even in populations that have the highest suicide rates, suicides are rare.

- *Avoid using the words “committed suicide” or “failed” or “successful” suicide attempt.*

Reason: The verb “committed” is usually associated with sins or crimes. Suicide is better understood in a behavioral health context than a criminal context. Consider using the phrase “died by suicide.” The phrases “successful suicide” or “failed suicide attempt” imply favorable or inadequate outcomes. Consider using “death by suicide” or “non-fatal suicide attempt.”

What to Do

- *Always include a referral phone number and information about local crisis intervention services.*

Refer to: The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK (273-8255), which is available 24/7, can be used anywhere in the United States, and connects the caller to a certified crisis center near where the call is placed. More information can be found on the National Suicide Prevention Lifeline website: www.suicidepreventionlifeline.org

- *Emphasize recent treatment advances for depression and other mental illness. Include stories of people whose treatment was life-saving or who overcame despair without attempting suicide.*

Refer to: Suicide Prevention Resource Center's research and news briefs:
www.sprc.org/news/research.asp

- *Interview a mental health professional who is knowledgeable about suicide and the role of treatment or screening for mental disorders as a preventive strategy.*

Refer to: The American Foundation for Suicide Prevention's "Talk to the Experts" page:
www.afsp.org, view *About Suicide*, click on *For the Media* to locate the *Talk to the Experts* section.

Suicide Prevention Resource Center • www.sprc.org • 1-877-GET SPRC (1-877-438-7772), Education Development Center, Inc. • 55 Chapel Street, Newton, MA 02458-1060

Reporters may also contact the Suicide Prevention Resource Center at 1-877-GET-SPRC (438-7772), the American Association of Suicidology at (202) 237-2280, or the Suicide Prevention Action Network USA at (202) 449-3600.

- *Emphasize decreasing trends in national suicide rates over the past decade.*

Refer to: CDC's (Centers for Disease Control and Prevention) WISQARS (Web-based Injury Statistics Query and Reporting System): www.cdc.gov/ncipc/wisqars/ or talk with an expert (see previous recommendation).

- *Emphasize actions that communities can take to prevent suicides.*

Refer to: CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters: wonder.cdc.gov/wonder/PrevGuid/p0000214/p0000214.asp

Best Practices Registry for Suicide Prevention: www.sprc.org/featured_resources/bpr/index.asp

- *Report on activities coordinated by your local or state suicide prevention coalition.*

Refer to: Your state suicide prevention contact will be able to tell you if there are local groups or organizations providing suicide prevention training in your community. See the Suicide Prevention Resource Center's State Suicide Prevention webpages: www.sprc.org/stateinformation/index.asp

For Editors

What to Avoid

- *Avoid giving prominent placement to stories about suicide. Avoid using the word “suicide” in the headline.*

Reason: Research shows that each of the following lead to an increase in suicide among media consumers: the placement of stories about suicide, the number of stories (about a particular suicide, or suicide in general), and dramatic headlines for stories. Using the word “suicide” or referring to the cause of death as “self-inflicted” in headlines increases the likelihood of suicide contagion.

- *Avoid describing the site or showing pictures of the suicide.*

Reason: Research indicates that such detailed coverage encourages vulnerable people to imitate the act.

What to Do

- *Suggest that all reporters and editors review Reporting on Suicide: Recommendations for the Media.*

These guidelines for responsible reporting of suicide were developed by a number of Federal agencies and private organizations, including the Annenberg Public Policy Center.

Refer to: www.afsp.org, view *About Suicide*, click on *For the Media* section

- *Encourage your reporters to review examples of good and problematic reporting of suicide.*

Refer to: The American Foundation for Suicide Prevention’s website: www.afsp.org, view *About Suicide*, click on *For the Media* section

- *Include a sidebar listing warning signs, or risk and protective factors for suicide.*

Refer to: American Association of Suicidology’s warning signs: www.sprc.org/library/helping.pdf

National Strategy for Suicide Prevention’s risk and protective factors: www.sprc.org/library/srisk.pdf

National Institute of Mental Health, Suicide Prevention: www.nimh.nih.gov/topics/suicide-prevention.shtml

The recommendations in this publication were adapted in 2005, from Reporting on Suicide: Recommendations for the Media, a 2001 report by the Centers for Disease Control and Prevention, National Institute of Mental Health, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration, American Foundation for Suicide Prevention, American Association of Suicidology, and Annenberg Public Policy Center.
www.afsp.org, view *About Suicide*, click on *For the Media* section.

We would like to acknowledge Madelyn Gould of Columbia University for her many contributions to this document. Additionally, we thank Lanny Berman, Lidia Bernik, Ann Haas, Karen Marshall, and Dan Romer for their input.

www.sprc.org

Created 2005 - Updated 2007

VI. Massachusetts Resources

A. Education and Training

Statewide

**Massachusetts Department of Public Health
Injury Prevention and Control Program**

<http://www.mass.gov/dph/fch/injury/index.htm>

250 Washington Street

Boston, MA 02108

Phone: 617-624-5413

Fax: 617-624-5075

The Injury Control and Prevention Program (ICPP) seeks to promote reduction in the incidence of residential, recreational, school, traffic, and violent injuries and suicide among Massachusetts residents, and to improve emergency medical services for children.

**Massachusetts Department of Public Health
Suicide Prevention Program**

250 Washington St. 4th floor

Boston, MA 02108

Phone: 617-624-5476

Fax: 617-624-5075

Regional Centers for Healthy Communities (Formerly known as MassPrevention Centers)

Brochures, curriculum, videos, assessment and planning tools for suicide prevention

- 1. Western Massachusetts Center for Healthy Communities**
489 Whitney Ave. Suite 201
Holyoke, MA 01040
Phone: 800-850-3880/ 413-540-0600
Host Agency: Cooley Dickinson Hospital
www.westernmasshealthycommunities.org
- 2. Central Massachusetts Regional Center for Healthy Communities**
44 Front St. Suite 280
Worcester, MA 01608
Phone: 508-438-0515
Host Agency: LUK, Inc
www.cmchc.org
- 3. Northeast Center for Healthy Communities**
One Canal Street
Lawrence, MA 01840
Phone: 978-688-2323
Host Agency: Greater Lawrence Family Health Center
www.nc4hc.org
- 4. Southeast Center for Healthy Communities**
942 West Chestnut St.
Brockton, MA 02301
Phone: 508-583-2350
Host Agency: Health of Southeastern Massachusetts, Inc.
www.preventionworks.org
- 5. Regional Center for Healthy Communities (serving suburban Boston and Metrowest)**
552 Massachusetts Ave. Suite 203
Cambridge, MA 02139
Phone: 617-441-0700
Host Agency: Mt. Auburn Hospital
www.healthier-communities.org

6. Greater Boston Center for Healthy Communities (serving Boston, Chelsea & Winthrop)

622 Washington St.

Dorchester, MA 02124

Phone: 617-423-4337

Host Agency: The Medical Foundation

www.tmfnet.org/rchc

B. Suicide Prevention Coalition

Statewide Coalition: Massachusetts Coalition for Suicide Prevention

Chair: Kimberly Gleason

Regional Director AFSP Northeast

PO Box 960664

Boston, MA 02196

Phone: 617-439-0940

Kgleason@afsp.org

Chair: Roberta Hurtig

Executive Director

The Samaritans of Boston

654 Beacon St., 6th Floor

Boston, MA 02215

Phone: 617-536-1340

Rhurtig@samaritanshope.org

The mission of the Massachusetts Coalition for Suicide Prevention is to support and develop effective suicide prevention initiatives by providing leadership and advocacy, promoting collaborations among organizations, developing and recommending policy and promoting research.

For information about suicide prevention coalitions in your region, contact:

Greg Miller

MA Coalition for Suicide Prevention

Greg.miller@masspreventssuicide.org

617-817-1977

C. Veterans' Services

VA's Suicide Hotline: 800-273-TALK (8255)

Statewide Advocacy for Veterans' Empowerment (SAVE)

The Commonwealth of Massachusetts Department of Veterans' Services in collaboration with The Department of Public Health, has created under its auspices a new program designed to assist veterans in need of referral services. Statewide Advocacy for Veterans' Empowerment (SAVE) is tasked with prevention of suicide and advocating on behalf of Massachusetts' veterans. SAVE acts as a liaison between veterans and their families and the various agencies within the federal and state governments. The SAVE Outreach Team focuses on community advocacy, suicide prevention, mental health awareness, and referrals. SAVE Outreach Coordinators travel the state to meet with veterans and their families discussing benefits and services available to them.

Please contact the SAVE Team for more information:

SAVE Team
Department of Veterans' Service
600 Washington St., Suite 1100
Boston, MA 02111
1-888-844-2838
fax: 617-210-5755
save@massmail.state.ma.us
<http://www.mass.gov/veterans>

Commonwealth of Massachusetts
Department of Veterans' Services
600 Washington St., Suite 1100
Boston, MA 02111
617-210-5480
fax: 617-210-5755
MDVS@vet.state.ma.us
<http://www.mass.gov/veterans>

Local Veterans Agents

The best place for you to go for help with other questions is to your local Veterans' Agent, who works out of your local City or Town Hall. The Veterans' Agent's job is to help veterans learn about, apply for, and in some cases, receive benefits. Veterans' Agents are knowledgeable about an array of federal, state, and local benefits to which you may be entitled.

- To contact your Veterans' Agent, call City/Town Hall and ask to be connected with "Veterans' Services."
- A complete list of Veterans' Agents is also available on the Department of Veterans' Services website at www.mass.gov/veterans or by calling (617) 210-5480.

Vet Centers

Boston Vet Center
665 Beacon St. Suite 100
Boston, MA 02215
Phone: (617)-424-0665
Fax: (617)-424-0254

Brockton Vet Center
1041L Pearl St.
Brockton, MA 02301
Phone: (508)-580-2730
Fax: (508)-586-8414

Lowell Vet Center
73 East Merrimack St.
Lowell, MA
Phone: (978)-453-1151
Fax: (978)-441-1271

Springfield Vet Center
1985 Main St. Northgate Plaza
Springfield, MA 01103
Phone: (413)-737-5167
Fax: (413)-733-0537

Worcester Vet Center
691 Grafton Street
Worcester, MA 01604
Phone: (508)753-7902
Fax: (508)753-4296

VA Medical Centers

Bedford, Edith Nourse Rogers Memorial Veterans Hospital
200 Springs Rd.
Bedford, MA 01730
Phone: 781-687-2000 OR (800) 422-1617
Fax: 781- 687-2101

Brockton, VA Boston Healthcare System, Brockton Campus
940 Belmont Street
Brockton, MA 02301
Phone: (508) 583-4500

Jamaica Plain, VA Boston Healthcare System, Jamaica Plain Campus
150 South Huntington Avenue
Jamaica Plain, MA 02130
Phone: (617) 232-9500
Fax: (617) 278-4508

Northampton VA Medical Center
421 North Main Street
Leeds, MA 01053-9764
Phone: (413) 584-4040 or (800) 893-1522
Fax: (413) 582-3121

West Roxbury, VA Boston Healthcare System, West Roxbury Campus
1400 VFW Parkway
West Roxbury, MA 02132
Phone: (617) 323-7700

D. Services for Gay, Lesbian and Bi-sexual youth

Statewide

Massachusetts Department of Public Health

Safe Spaces for GLBT Youth

250 Washington St. 4th floor
Boston, MA 02108-4619
Phone: 617-624-5285
Fax: 617-624-5075

Safe Spaces for GLBT Youth is committed to ending violence against gay, lesbian, bisexual and transgender youth and to changing social norms in communities to create supportive and healthy environments for all youth. Comprehensive, community-based programs encourage positive youth development norms which include: safe spaces for youth to learn and socialize; healthy messages to youth about their bodies, behaviors and interactions; strengthening the role of adult mentors, such as parents, community leaders, and youth workers; job readiness and social skill development; and opportunities to build self-esteem, engage in positive self-expression and serve their community.

Safe Spaces for GLBT Youth funds the following 10 programs:

1. BAGLY, Inc.

Transgender Safe Spaces Project

14 Beacon Street, Suite 620
Boston, MA 02108
617-227-4313

2. BAGLY, Inc.

Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth

14 Beacon Street, Suite 620
Boston, MA 02108
617-227-4313

3. The Bridge of Central Massachusetts, Inc.

Safe Homes collaboration with the Worcester Youth Center

4 Mann Street
Worcester, MA 01602
508-366-4305

4. Cambridge Cares About AIDS (CCA)

Z. One Project: Zero Stigma in Youth Spaces

An internal collaboration of CCA Programs:

Youth on Fire

PUMP (Peers Using More Prevention)

TransCEND (Transgender Care and Ed. Needs Diversity)

17 Sellers Street
Cambridge, MA 02139
YOF 617-599-0231

5. Community Action of the Franklin, Hampshire , and North Quabbin Regions

TREE (*Transgender Educated and Empowered*) in Northampton

393 Main Street
Greenfield, MA 01301
413-582-7861

6. Health Care of Southeastern MA, Inc.

GLBT Youth Support Project

942 West Chestnut Street
Brockton, MA 02301
(508)583-2250

7. Justice Resource Institute

Boston GLASS

SOLO (*Stepping Out to Love Ourselves*)

545 Bolyston Street, Suite 700

Boston, MA 02116

617-266-3349

8. Justice Resource Institute

Boston GLASS

HELP (Housing and Employment Linkage Program)

545 Bolyston Street, Suite 700

Boston, MA 02116

617-266-3349

9. Massachusetts Asian AIDS Prevention Project (MAP for Health)

Asian Pride

59 Temple Street, Suite 406

Boston, MA 02111

617-426-6755

10. Out Now

Latino GLBT Youth Project

1695 Main Street -2F

Springfield, MA 01103

(413) 736-4610

E. Elder Health Resources

Statewide

I-800 AGE INFO

TTY: 1-800-872-0166

www.800ageinfo.com

This service assists in locating senior age/info centers in Massachusetts and regional centers dedicated to the emotional and physical well-being of seniors. Centers or **ASAPS** (Aging Services Access Points) provide case management, preliminary screening of depression and benefit and service information for seniors. Centers are listed by region on the website.

Boston Elder Info.**(617) 292-6211**

Information and referral calls for the three Boston Aging Services Access Points: Boston Senior Home Care, Central Boston Elder Services, Inc. and City of Boston Commission on Affairs of the Elderly.

The Mass Aging and Mental Health Coalition

19 Temple Place, Fourth Floor

Boston, MA 02111

Phone: 617 426-0804

Fax: 617-426-0070

Grassroots organization dedicated to ensuring that older people remain in the mainstream of life through education about aging issues. focuses on mental health issues including suicide prevention.

The Massachusetts Commission on End of Life Care**Massachusetts Department of Public Health**

250 Washington St. 4th Floor

Boston, MA 02108

Phone: 617-636-3480

Fax: 617-636-4017

www.endoflifecommission.org

The Massachusetts Commission on End of Life Care was created to improve the quality of life at the end of life. The Commission first met on March 30, 2001. An on-line resource guide has been developed to identify service providers and resources by region.

Office of Elder Health**Massachusetts Department of Public Health**250 Washington St 4th floor

Boston, MA 02118

Phone: 617-624-5407

Fax: 617 624-5075

This program provides information, education and training on suicide prevention to providers as well as data on elder health.

Hawthorne Services

93 Main St.

Chicopee, MA 01020

Phone: 413-592-5199

Fax: 413- 594-8693

UMASS-Memorial Clinton Hospital

201 Highland St.

Clinton, MA 01510

Phone: 978-368-3832

Fax: 978-368-3733

FOR SENIORS, inpatient mental health treatment. Also serves New Hampshire, New York, Maine and Rhode Island. Services in Spanish as well as other languages through interpreter services. Training to professionals in nursing homes in local area. Medical psychiatry unit (20 beds). Information for elders suffering from depression.

MetroBoston**Behavioral Health and Research**

HARTS, Inc.

1640 Washington St.

Boston, MA 02118

Phone: 617-369-1550

Fax: 617-369-1566 Non profit agency established to eliminate homelessness among elderly in Greater Boston. Elder services and housing, mental health screening, counseling and treatment to a largely low- income population with complex mental, physical and substance abuse problems. Professional training available.

Kit Clark Senior Services

1500 Dorchester Ave.

Dorchester, MA 02122

Phone: 617 825-5000 x138

Fax: 617-288-5991

Services for seniors, which include medical, mental health counseling, depression screening, substance abuse treatment and prevention as well as phone counseling, advocacy and treatment for suicide prevention.

Boston Partnership for Older Adults

1 City Hall Plaza

Rm. 271

Boston, MA 02201

Phone: 617-635-4366

Fax: 617-635-3213

Fosters community partnerships to improve long term care and supportive services systems to meet the current and future needs of older adults.

F. Samaritans: Massachusetts Crisis Intervention/Hotlines

Statewide Resource

Samaritans Toll Free Number
1 877 870-HOPE (4673)

Calls answered by Samaritans offices within Massachusetts located closest to you –
Boston, Falmouth, Framingham, Merrimack Valley and New Bedford/Fall River

The Samaritans, Inc.

Boston Center

141 Tremont Street, 7th Floor
Boston, MA 02111
Office: 617-536-2460
Fax: 617-247-0207
www.samaritanshope.org

Framingham Center

235 Walnut Street
Framingham, MA 01702
Office: 508-872-1780
Fax: 508-875-4910
www.samaritanshope.org

24 Hour Helplines:

1-877-870-HOPE (4673) Statewide Toll Free number
617-247-0220
508-875-4500

Samariteens: 800-252-TEEN (8336)

Samaritans is a non-denominational, not-for-profit volunteer organization dedicated to reducing the incidence of suicide by befriending individuals in crisis and educating the community about effective prevention strategies. The programs offered include: a 24/7 free, confidential helpline staffed by trained volunteers; a teen-to-teen support program through the toll free Samariteens helpline; Community Education and Outreach offered free of charge to groups desiring to learn more about risk factors, warning signs, and suicide prevention strategies; Grief Support Services offered free for people who have lost loved ones to suicide; and Lifeline, a unique suicide prevention and intervention program offered in selected Eastern Massachusetts correctional facilities to equip inmates with befriending skills.

Samaritans of Merrimack Valley, Inc.

430 North Canal St.

Lawrence, MA 01840

Business phone: 978- 688-0030

Regional Hotline: 866-912-4673 (HOPE)

Greater Lawrence: 978-688-6607

For information about volunteering, speaker requests, or the Safe Place Support Group, please call the business line.

Samaritans of Fall River/New Bedford, Inc.

PO Box 1333

Westport, MA 02790

Phone: 508- 673-3777

Fax: 508- 647-5001

Hotlines: 508-673-3777/508-673-5160/866-508-HELP

The Samaritans of Cape Cod and the Islands, Inc.

65 Town Hall Square

PO Box 65

Falmouth, MA 02541

Phone and Fax: 508-548-7999

Hotlines: 800-893-9900/508-548-8900

State Police: Crisis Intervention

MA State Police

Crisis Negotiation Team

450 Worcester Rd

Framingham, MA 01701

Emergency Phone: 508-820-2121

Can also be accessed by dialing 911 in case of emergency

Statewide crisis response for all ages. Police officers across the state trained in crisis negotiation and will be called to respond to a life-threatening situation.

G. Helplines and Warm Lines:

Parent Help/Stress Line:

Parental help/stress lines are toll-free and confidential phone line services which provide parents and caregivers information, support and assistance in coping with the many challenges of parenting.

Warm Line:

Warm lines offer people with mental illness a safe way to make contact with their peers and develop meaningful relationships when experiencing feelings of loneliness, boredom, and stress.

Help Lines

Provider Referral Information

HelpNet Referral Line

1-800-652-0155

www.helppro.com

Database of mental health providers (\$15 for on-line search, telephone referrals are free)

Social Work Therapy Referral Service

1-800-242-9794

Names of licensed social workers in private practice

United Way First Call for Help

1-800-231-4377

Psychiatric and crisis intervention referrals

State Board of Registration for Psychologists and Allied Mental Health Professionals

617-727-3080

www.state.ma.us/reg/board

Parent Help Lines

Parental Stress Line

1-800- 632-8188

Anonymous 24-hour statewide hotline

Parents Helping Parents

1-800-882-1250

Statewide network of support groups for parents

Warm Lines

Central MA

Cross Connections

Phone: (978) 629-8485

Hours: M-F 4-7 pm and 10-12 pm

Tradewind Warmline

Phone: (508) 864-0270

Hours: Fri 4-10 pm, Sat/Sun 10am-10 pm

Westwinds Warmline

Phone: (508) 426-1660

Hours: Mon-Sun 6-9 pm

MetroBoston

Center Club Warmline

Phone: (617) 675-3873

Hours: Mon-Sun 2-5 pm

Casa Primavera Warmline

Phone: (617) 445-8017

Hours: M-F 8-9 am, 5-11pm , Sat/Sun 9am-5pm

Cambridge/Somerville Social Club Warmline

Phone: (617) 661-7888

Hours: MWF 4-6 pm

Metro Suburban

C.A.S.T.L.E.

Phone: (617) 610-7907

Hours: S-F 7-11 pm

Western MA

Pioneer Valley Warmline

Phone: (413) 747-8658

Hours: Thurs-Sun 5pm-1am

The Peer Line

Phone: (508) 312-5139

Hours: M-F 5:30-10 pm

Consumer Warmline

Phone: (800) 243-5836

Hours: MWF 5-10 pm

H. Substance Abuse

The Massachusetts Substance Abuse Information and Education Helpline

24-hour Helpline- 1-800-327-5050

www.helpline-online.com

Trained volunteer information, education and referral specialists are available to listen and help find the right services for a situation involving substance abuse, homelessness and detox.

Massachusetts Organization For Addiction Recovery

C/o Boston ASAP

30 Winter St., 3rd Floor

Boston, MA 02108

617-423-6627

www.neaar.org/moar

MOAR's mission is to organize recovering individuals, families and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.

Alcoholics Anonymous

617-426-9444 Eastern MA

413-448-2382 Berkshires

508 752-9000 Worcester

413-532-2111 Holyoke

Al-anon, Alateen

1-508-366-0556

www.ma-al-anon-alateen.org

I. Rape Crisis Centers

Metro Boston

Greater Boston Area

[Boston Area Rape Crisis Center](#)

99 Bishop Allen Drive
Cambridge, MA 02139
Hotline: (800) 841-8371
Office: (617) 492-8306
TTY: (617) 492-6434

Metro West

Greater Framingham Area

[Voices Against Violence](#)

300 Howard Street (SMOC)
Framingham, MA 01702
Hotline: (800) 593-1125
Office: (508) 820-0834
TTY: (508) 626-8686

Northeast

North Shore

[North Shore Rape Crisis Center/HES](#)

156 Cabot Street
Beverly, MA 01915
Additional sites in Lynn, Gloucester, Newburyport
Hotline: (800) 922-8772
Office: (978) 927-4506
TTY: (978) 921-8729

Lawrence Area

[YWCA of Greater Lawrence](#)

38 Lawrence Street
Lawrence, MA 01840
Hotline: (877) 509-9922
Office: (978) 687-0331
TTY: (978) 686-8840

Lowell Area**[Rape Crisis Services of Greater Lowell](#)**

144 Merrimack Street, Suite 304

Lowell, MA 01852

Hotline: (800) 542-5212

Office: (978) 452-7721

TTY: (978) 452-7721

Southeast**Norfolk/Bristol Counties****[New Hope](#)**

140 Park Street

Attleboro, MA 02703

Additional sites in Taunton , Webster

Hotline: (800) 323-4673

Office: (508) 226-4588

TTY: (508) 323-4673

Plymouth County/South Shore**[Womansplace/Health Care SE Mass](#)**

P.O. Box 4206

Brockton, MA 02303

Additional site in Quincy

Hotline: (508) 588-8255

Office: (508) 580-3964

TTY: (508) 894-2869

Cape Cod**[Independence House](#)/Cape Cod Rape Crisis Center**

160 Bassett Lane

Hyannis, MA 02601

Additional sites in Falmouth, Orleans, Provincetown

Hotline: (800) 439-6507

Office: (508) 771-6507

TTY: (508) 771-6762

Nantucket[A Safe Place](#)

24 Ameila Drive

Nantucket, MA 02554

Hotline: (508) 228-2111

Office: (508) 228-0561

TTY: (508) 228-7095

Greater New Bedford Area[New Bedford Women's Center](#)

252 County Street

New Bedford, MA 02740

Additional site in Fall River

Hotline: (508) 999-6636

Office: (508) 996-3343

TTY: (508) 996-1177

Martha's Vineyard[Women's Support Services/MVCS](#)

111 Edgartown Road

Vineyard Haven, MA 02568

Hotline: (508) 696-7233

Office: (508) 693-7900

TTY: (508) 693- 3843

Central**Assabet/Blackstone Valleys**[Wayside Trauma Intervention Services/ Valley Rape Crisis Program](#)

10 Asylum Street

Milford, MA 01757

Hotline: (800) 511-5070

Office: (508) 478-6888

TTY: (508) 478-4205

Worcester County**[Rape Crisis Center of Central MA](#)**

799 West Boylston Street

Worcester, MA 01606

Additional site in Fitchburg

Hotline: (800) 870-5905

Office: (508) 852-7600

TTY: (888) 887-7130

West**Hampshire County****[Everywoman's Center](#)**

Wilder Hall/UMASS Amherst

221 Stockbridge Road

Amherst, MA 01003

2 sites in Amherst

Hotline: (413) 545-0800

Office: (413) 545-0883

TTY: (413) 577-0940

Franklin County/North Quabbin**[NELCWIT](#)**

479 Main Street

Greenfield, MA 01301

Additional site in Orange

Hotline: (413) 772-0806

Office: (413) 772-0871

TTY: (413) 772-0806

Berkshire County**[Elizabeth Freeman Center](#)**

43 Francis Avenue

Pittsfield, MA 01201

Additional sites in Adams, North Adams, Lee

Hotline: (866) 410-2425

Office: (413) 499-2425

TTY: (413) 499-2425

Hampden County

[YWCA of Western Mass.](#)

1 Clough Street

Springfield, MA 01118

Additional sites in Holyoke, Westfield, Huntington

Hotline: (800) 796-8711

Office: (413) 732-3121

TTY:

(413) 733-7100

Statewide**Statewide**

[Llámanos: Spanish Language Hotline](#)

c/o [Rape Crisis Center of Central MA](#)

799 West Boylston Street

Worcester, MA 01606

Hotline: (800) 223-5001

Office: (508) 852-7600

TTY: (888) 887-7130

J. Grief Support Programs

Suicide Grief Support Groups in Massachusetts

Some of the groups listed are affiliated with Compassionate Friends, a group representing parents who have lost a child and is not exclusive to suicide. Also listed are the Samaritans grief support groups, **Safeplace**, for those grieving a loss due to suicide.

Statewide

American Foundation for Suicide Prevention
(AFSP) - Greater Boston Chapter
56 Broad Street, Boston MA 02109
Phone: 617-439-0940
Toll free: 800-979-AFSP (2377)
Fax: 617-439-0338

Local chapter of national organization serving eastern Massachusetts. Locally, AFSP provides a listing of support groups, provides peer and professional support group leader training, speakers bureau, educational conferences and speaking engagements, College Film project for raising awareness about depression on college campuses, National Survivor of Suicide Day Conference held each November, survivor and educational conferences, mailing list for information, anti-stigma campaigns, national and regional newsletters, educational materials for prevention and survivor support upon request, national signature event the Out of the Darkness Community Walk, Survivor E-network (on-line survivor community), and Survivor Outreach Program partnering peer survivors with newly bereaved survivors. Member of the Massachusetts Coalition for Suicide Prevention.

Metro Boston

Samaritans, Inc
141 Tremont Street, 7th Floor, Boston, MA 02111
Office Line: 617-536-2460
24 Hour Helplines:
617- 247-0220
877-870-HOPE (4673)
508-875-4500
griefsupport@samaritanshope.org

Samaritans has a variety of services for those who have lost loved ones to suicide. These services include our SafePlace support group. Meetings are held in Boston, Framingham, Medford, Quincy and Worcester. The Survivor to Survivor Network offers individual visits for bereaved families and friends.

Children's Charter

77 Rumford Ave.

Waltham, MA 02453

Phone: 781-894-4307

Fax: 781-894-1195

Family and child outpatient trauma center including **Project Gift**, a program for families who have experienced loss of a loved one.

The Children's Room

1210 Massachusetts Avenue

Arlington, MA 02476

781-641-4741

www.childrensroom.org

After Suicide

41 Concord Square

Boston, MA 02118

Phone: 617- 738-7668

Leadership: Professional

Charge: Yes

Meetings per month: varies

Focus Counseling & Consult. Inc.

186-1/2 Hampshire Street

Cambridge, MA 02139

Phone: 617- 876-4488 x 52

Leadership: Professional

Charge: Yes

Meetings per month: 12 wk group

www.focuscounseling.com

After Suicide Program

41 Concord Square

Boston, MA 02118

617- 738-7668

617- 876-4488

Leadership: Professional

Charge: Yes

Meetings per month: 12-wk group

First Parish Church in Norwell

25 River Street

Norwell, MA 02061

Phone: 781-335-3979

Leadership: Peer

Charge: No

Meetings per month: 2

The Good Grief Program**Boston Medical Center**

1 Boston Medical Center Place, Mat 5

Boston, MA 02118

617-414-4005

Maria Trozzi, Director

www.bmc.org/pediatrics

Child bereavement support program “The Circle” for children ages 5-13 who have lost a member of their family. Groups in Boston (Jamaica Plain) and South Shore (Hingham). Training for schools and organizations for suicide prevention and crisis planning. Crisis response to deal with suicide and tragedies in the school system or workplace nationwide. Also the Heart-to-Heart program for parents to help children cope with loss of a family member.

Western**HospiceCare in the Berkshires**

369 South St.

Pittsfield, MA 01202-6803

Phone: 413 443-2994

Leadership: Professional

Charge: unknown

Number of meetings per month: varies

The Garden: A Center for grieving Children & Teens

286 Prospect Street

Northampton, MA 01060

413-584-7086 ext. 124

www.garden-cgc.org

Forastiere Family Funeral Home

220 North Main St.

East Longmeadow, MA 01028

Mary Pat McMahon

Phone: 413-734-9139

Leadership: Professional and Peer

Charge: No

Number of meetings per month: 2

Metrowest

Samaritans, Inc

141 Tremont Street, 7th Floor, Boston, MA 02111

Office Line: 617-536-2460

24 Hour Helplines:

617- 247-0220

877-870-HOPE (4673)

508-875-4500

griefsupport@samaritanshope.org

Samaritans has a variety of services for those who have lost loved ones to suicide. These services include our SafePlace support group. Meetings are held in Boston, Framingham, Medford, Quincy and Worcester. The Survivor to Survivor Network offers individual visits for bereaved families and friends.

Parmenter Community Health

266 Cochituate Road

Wayland, MA 01778

508-358-3000

www.parmenter.org

Child Bereavement Support Group

40 Speen Street, Suite 106

Framingham, MA 01701

508-877-3660

503-653-1609

Northeast

Samaritans of Merrimack Valley

A program of Family Service, Inc.

430 North Canal Street, Lawrence, MA 01840

Business Line: 978-688-0030

Crisis Lines:

1-866-912-HOPE (4673)

Confidential and Toll Free

978-688-6607 Confidential

www.familyserviceinc.com/samaritans

<http://www.familyserviceinc.com/samaritans.com>

samaritans@familyserviceinc.com

<mailto:samaritans@familyserviceinc.com>

Safe Place meets on the second and fourth Tuesdays of each month from 7:00 to 8:30 at St. Michael's Church, 196 Main Street, North Andover, MA.. It is a free, confidential, and nurturing support group for suicide survivors (people who have lost a loved one to suicide) facilitated by a survivor. In the fall of 2007, we hope to be opening another Safe Place group in Lowell, MA.

Central

Y.A.N.A. (You Are Not Alone)

Grief-Management Program

154 Lincoln Street Worcester, MA 01605-3741

Phone: 508-752-4200

Fax: 508-755-0990

E-mail: yanagrief@aol.com

Founded in 1989

Program Director: James B. Kelly

Free Monthly Grief-Management Classes

Meeting Information Available on Recorded Announcement by calling: 508-752-4200

Preteens to Seniors - All are welcome.

Loss & Grief Resource Center & Lending Library

Contact information for Grief-Support Groups in Central Mass.

Books, Pamphlets, Articles, Videos, Audio Tapes Weekly Radio Talk Show

Y.A.N.A. LIVE Worcester Community

Radio Station - WCUW 91.3 FM

Hosted By Jim Kelly Fridays, 4 to 5 p.m

Southeast

Samaritans of Fall River/New Bedford

PO Box 1333

Westport, MA 02790

Phone: 508- 673-3777

508-673-5160

Toll Free: 866-508-4357

Leadership: Peer

Charge: No

Meetings per month: 2 -1st and 3rd Thursdays

Cape Cod

The Samaritans on Cape Cod & the Islands

65 Town Hall Square
Falmouth, MA 02541
508-548-8900
Toll Free: 800-893-9900
Leadership: Peer
Charge: No
Meetings per month: 2

Compassionate Friends

National Hotline: 877-969-0010
Leadership: Peer
Charge: No
Meetings per month: For meetings in your area call the national hotline

Dr. Robert R. Fournier, Ph.D.

In Memory Still

901 Main Street
Osterville, MA 02655
Robert Fournier, Ph.D.
Phone: 508- 477-1676
Leadership: Professional
Charge: No
Meetings per month: varies

K. Emergency Crisis Mental Health Mental Health Providers/Agencies

Mental Health Services Locator

This Locator provides you with comprehensive information about mental health services and resources and is useful for professionals, consumers and their families, and the public. You can access this information in several ways by selecting a State or U.S. Territory from the map or drop-down menu.

Note: The 'Mental Health Services Locator' was designed to work best using Internet Explorer. Some or all of the functionality may not work if other Web browsers are used.

<http://mentalhealth.samhsa.gov/databases/kdata.aspx?state=MA>

The Department of Mental Health's mission is to improve the quality of life for adults with serious and persistent mental illness and children with serious mental illness or severe emotional.

Department of Mental Health

25 Staniford St.

Boston, MA 02115

Phone: 617-626-8000

TTY: 617-727-9842

www.state.ma.us/dmh

Western Massachusetts Area

Mental health counseling and treatment, case management for adults. Non –English speaking services include Spanish, Portuguese and French-Creole.

P.O.Box 389

Northampton, MA 01061-0389

Phone (413) 587-6200 Fax (413) 587-6205

Berkshire (Central/South)

333 East St.

Pittsfield, MA 01201

Alford, Becket, Dalton, Egremont

Great Barrington, Hancock, Hinsdale,

Lanesboro Lee, Lenox, Monterey, Mount Washington,

New Ashford, New Marlboro, Otis, Peru,

Pittsfield, Richmond, Sandisfield, Sheffield

Stockbridge, Tyringham, Washington,

West Stockbridge, Windsor

Telephone #

(413) 395-2000

Fax: (413) 395-2018

TTY: (413) 443-8294

Emergency/Crisis 24-hr.

333 East Street
Pittsfield, MA 01201

Telephone #

(413) 499-0412
Fax: (413) 499-0955

Berkshire (North)

**333 East Street
Pittsfield, MA 01201**

*Adams, Cheshire, Clarksburg, Florida, Monroe,
North Adams, Savoy, Williamstown*

Telephone #

(413) 664-4541

Emergency/Crisis 24-hr.

25 Marshall St.
North Adams, MA 01247

Telephone #

(413) 664-4541
Fax: (413) 662-3311

Franklin/No. Quabbin

13 Prospect St.
Greenfield, MA 01301

*Ashfield, Athol, Bernardston, Buckland, Charlemont,
Colrain, Conway, Deerfield*

Telephone #

(413) 772-5600
Fax: (413) 772-5638
TTY: (413) 772-3076

Athol Site Office:

*Erving, Gill, Greenfield, Hawley, Heath,
Leverett, Leyden, Millers Falls Montague,
New Salem, Northfield, Orange, Petersham
Phillipston, Rowe, Royalston, Shelburne,
Shutesbury, Sunderland, Turners Falls,
Warwick, Wendell, Whately*

Franklin**Emergency/Crisis 24-hr.**

140 High St.
Greenfield, MA 01301

Telephone #

1-800-562-0112
(weekends & nights)
Fax: (413) 773-8429

Athol/Orange/Quabbin**Emergency/Crisis 24-hr.**

31 Like Street
PO Box 449
Gardner, MA 01440

Telephone #

(978) 632-9400
Fax: (978) 630-3085
TTY: (978) 630-2485

Hampshire
1 Prince Street
PO Box 389

Northampton, MA 01061-0389

*Amherst, Chesterfield, Cummington
Easthampton, Goshen, Hadley, Hatfield,
Middlefield, Northampton, Pelham, Plainfield,
Westhampton, Williamsburg, Worthington*

Telephone #
(413) 587-5300
Fax: (413) 585-1352
TTY: (413) 587-5314

Emergency/Crisis 24-hr.

131 King Street
Northampton, MA 01060

Telephone #
(413) 586-5555
Fax: (413) 582-4252

Holyoke/Chicopee

4 Valley Mill Road
Holyoke, MA 01040

*Belchertown, Bondville, Chicopee, Granby
Holyoke, Ludlow, Monson, Palmer, South Hadley,
Southampton, Thorndike, Three Rivers, Ware*

Telephone #
(413) 493-8000
Fax (413) 493-8003
TTY (413) 534-8996

Emergency/Crisis 24-hr.

40 Bobala Road
Holyoke, MA 01040

Telephone #
(413) 536-2251
Fax: (413) 532-8271

Springfield

301 State Street
Springfield, MA 01109

*East Longmeadow, Hampden
Longmeadow Springfield, Wilbraham*

Telephone #
(413) 452-2300
Fax: (413) 452-2306
TTY: (413) 747-7240

Emergency/Crisis 24-hr.

503 State Street
Springfield, MA 01109

Telephone #
(413) 733-6661
Fax: (413) 733-7841

Westfield

53 Southampton Road, Suite 1
Westfield, MA 01085

*Agawam, Blandford, Chester, Granville
Huntington, Montgomery, Russell
Southwick, Tolland, Westfield,
West Springfield*

Telephone #
(413) 564-2200
Fax: (413) 568-8003
TTY: (413) 568-7840

Emergency/Crisis 24-hr.

77 Mill Street at Crane Pond
Westfield, MA 01085

Telephone #

(413) 568-6386
Fax: (413) 572-4104

Central Massachusetts Area

Worcester State Hospital
305 Belmont Street
Worcester, MA 01604
Phone (508) 368-3838 Fax (508) 363-1500

DMH Operated Facilities in Area**Telephone #****Worcester State Hospital**

305 Belmont Street
Worcester, MA 01604

(508) 368-3300
Fax # (508) 363-1515

Local Service Sites**Fitchburg**

515 Main Street

Fitchburg, MA 01420

*Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg,
Groton, Harvard, Lancaster, Leominster,
Lunenburg, Pepperell, Shirley, Sterling, Townsen*

Telephone #

(978) 353-4400
Fax # (978) 348-1275

Emergency/Crisis 24 hr.

Herbert Lipton MHC
45 Summer Street
Leominster, MA 01453

Telephone #

1-800-977-5555
(978) 534-3372
Fax # (978) 537-4966

Gardner

515 Main Street

Fitchburg, MA 01420

*Ashburnham, Barre, Gardner, Hardwick,
Hubbardston, New Braintree, Oakham, Princeton,
Rutland, Templeton, Westminster, Winchendon*

Telephone #

(978) 353-4400
Fax # (978) 348-1275

Emergency/Crisis 24 hr.

North Central Human Services
31 Lake Street
Gardner, MA 01440

Telephone #

(978) 632-9400
(800) 379-9404

Milford

**40 Institute Road, Oaks "B" Bldg.
No. Grafton, MA 01536**

*Bellingham, Blackstone, Douglas, Franklin
Grafton, Hopedale, Medway, Mendon,
Milford, Millbury, Millville, Northbridge,
Sutton, Upton, Uxbridge,*

Telephone #

(508) 887-1100

Fax # (508) 887-8604

Emergency/Crisis 24 hr.

Blackstone Valley, Emergency Services
Riverside Community Care
P.O. Box 1099
Upton, MA 01568

Telephone #

(508) 634-3420

Fax # (508) 634-2603

Southbridge

**40 Institute Road, Oaks "B" Bldg.
No. Grafton, MA 01536**

*Brimfield, Brookfield, Charlton, Dudley,
East Brookfield, Holland, North Brookfield,
Oxford, Southbridge, Spencer, Sturbridge,
Wales, Warren, Webster, West Brookfield,
Whitinsville*

Telephone #

(508) 887-1100

Fax # (508) 887-8604

Emergency/Crisis 24 hr.

Harrington Memorial Hospital
100 South Street
Southbridge, MA 01550

Telephone #

(508) 765-9771

ext. 2580

Fax # (508) 765-3147

Worcester

**305 Belmont Street, Suite 4E
Worcester, MA 01604**

*Auburn, Boylston, Holden, Leicester, Paxton,
Shrewsbury, West Boylston, Worcester*

Telephone #

(508) 363-2100

Fax # (508) 363-1550

Emergency/Crisis 24 hr.

U/Mass. Medical Center
Emergency Mental Health Services
55 Lake Avenue North
Worcester, MA 01605

Telephone #

(508) 856-3562

Fax # (508) 856-1695

Northeast Area

P.O. Box 387
Tewksbury, MA 01876-0387
Phone (978) 863-5000
Fax (978) 863-5091

DMH Operated Facilities in Area

Hawthorne Units

Telephone #

(978) 851-7321 ext. 2859
Tewksbury State Hospital
Fax: (978) 851-1029
365 East Street
Tewksbury, MA 01876

Solomon Mental Health Center

391 Varnum Avenue
Lowell, MA 01851

Telephone #

(978) 322-5000
Fax: (978) 322-5077

Local Service Sites

Beverly

180 Cabot Street

Second Floor

Beverly, MA 01915

*Beverly, Danvers, Essex, Gloucester, Hamilton,
Ipswich, Manchester, Marblehead, Middleton,
Peabody, Rockport, Salem, Topsfield, Wenham*

Telephone #

(978) 232-7300
Fax (978) 927-4469

Emergency/Crisis 24-hr.

131 Rantoul Street
Beverly, MA 01915

Telephone #

(978) 524-7107
Fax: (978) 927-4057

Greater Lawrence

15 Union Street, Suite 2

Lawrence, MA 01840

Andover, Lawrence, Methuen, No. Andover

Telephone #

(978) 738-4500
Fax (978) 738-4559

Emergency/Crisis 24-hr.

Gr. Lawrence MH Center
30 General Street
Lawrence, MA 01841

Telephone #

(978) 683-3128
Fax: (978) 686-7856

Greater Lowell
Solomon Mental Health Center
391 Varnum Avenue
Lowell, MA 01851
Billerica, Chelmsford, Dracut, Dunstable,
Lowell, Tewksbury, Tyngsboro, Westford

Telephone #
(978) 322-5000
Fax (978) 322-5077

Emergency/Crisis 24-hr.
Choate
391 Varnum Avenue
Lowell, MA 01851

Telephone #
(978) 322-5120 or
1-800-830-5177
Fax: (978) 322-5134

Emergency/Crisis 24-hr.
North Essex Mental Health
60 Merrimack Street
Haverhill, MA 01830

Telephone #
(978) 521- 3126 or
800-281-3223
Fax: (978) 521-7767

Lynn
112 Market Street, 3rd Floor
Lynn, MA 01901
Lynn, Lynnfield, Nahant, Saugus, Swampscott

Telephone #
(781) 477-8200
Fax (781) 593-7326

Emergency/Crisis 24-hr.
Tri-City MH
95 Pleasant Street
Lynn, MA 01901

Telephone #
(781) 596-9222 or
800-988-1111

Wakefield
27 Water Street
Wakefield, MA 01880
Everett, Malden, Medford, Melrose,
North Reading, Reading, Stoneham, Wakefield

Telephone #
(781) 224-7900 or
Fax (781) 224-7937

Emergency/Crisis 24-hr.
Tri-City MH
173 Chelsea Street
Everett, MA 02149

Telephone #
800-988-1111
Fax: (781) 581-9876

Emergency/Crisis 24-hr.
Tri-City MH
26 Princess Street
Wakefield, MA 01880

Telephone #
800-988-1111
(781) 596-9222

Metro Suburban Area

Westborough State Hospital
PO Box 288- Lyman Street
Westborough, MA 01581
Phone (508) 616-3500
Fax (508) 616-3599
TTY (508) 616-3533

DMH Operated Facilities in Area
Westborough State Hospital
P.O. Box 288 - Lyman Street
Westborough, MA 01581

Telephone #
(508) 616-2100
Fax (508) 616-2875

Quincy Mental Health Center
460 Quincy Avenue
Quincy, MA 02169

Telephone #
(617) 626-9000
Fax (617) 770-2953

Local Service Sites

East Suburban Site
20 Academy Street Suite 304
Arlington, MA 02474-6401
Acton, Arlington, Bedford, Belmont,
Boxborough, Burlington, Carlisle, Concord,
Lexington, Lincoln, Littleton, Maynard,
Stow, Waltham, Watertown, Wilmington, Winchester, Woburn

Telephone #
(781) 641-8100 or
Fax (781) 641-8106
TTY (781) 641-8113

Emergency/Crisis 24-hr.
Edinburg Center Crisis Team
1040 Waltham Street
Lexington, MA 02420

Telephone #
1-800-540-5806
(781) 860-0570
(TDD/Deaf) (781) 984-4850
Fax (781) 860-7636

West Suburban Site
Westboro State Hospital
Hadley Building
P.O. Box 288 - Lyman Street
Westborough, MA 01581
Ashland, Dover, Framingham,
Holliston, Hopkinton, Hudson, Marlborough,
Natick, Northborough, Sherborn,
Southborough, Sudbury, Wayland, Westborough

Telephone #
(508) 616-2801
Fax (508) 616-2864
TTY (508) 616-2820

Emergency/Crisis 24-hr.
Psychiatric Emergency Services
27 Hollis Street
Framingham, MA 01701

Telephone #
(508) 872-3333 or
1-800-640-5432
Fax (508) 875-2600

Southwest Suburban Site
5 Randolph Street
Canton, MA 02021
*Canton, Dedham, Foxboro, Medfield,
Millis, Needham, Newton, Norfolk, Norwood,
Plainville, Sharon, Walpole, Wellesley,
Weston, Westwood, Wrentham*

Telephone #
(781) 401-9700
Fax: (781) 401-9721
TTY: (781) 401-9701

Emergency/Crisis 24-hr.
Riverside Crisis Team
190 Lenox Street
Norwood, MA 02062

Telephone #
(781) 769-8674
1-800-529-5077
Fax: (781) 769-6717

South Suburban Site
Quincy Mental Health Center
460 Quincy Avenue
Quincy, MA 02169
*Braintree, Cohasset, Hingham, Hull, ,
Milton, Norwell, Quincy, Randolph, Scituate,
Weymouth*

Telephone #
(617) 626-9000
Fax (617) 626-9150
TTY (617) 472-3024

Emergency/Crisis 24-hr.
South Shore Mental Health
460 Quincy Avenue
Quincy, MA 02169

Telephone #
(617) 774-6036
1-800-528-4890
Fax: (617) 479-0356

Southeastern Massachusetts Area

Brockton Multi-Service Center
165 Quincy Street
Brockton, MA 02302
Phone (508) 897-2000
Fax (508) 897-2024

DMH Operated Facilities in Area

Telephone #

Taunton State Hospital
P.O. Box 4007
Taunton, MA 02780

(508) 977-3000
Fax (508) 977-3751

Pocasset Mental Health Center
830 County Road
Pocasset, MA 02559

Telephone #
(508) 564-9600
Fax (508) 564-9700

Brockton Multi-Service Center
165 Quincy Street
Brockton, MA. 02302

Telephone #
(508) 897-2000
Fax (508) 897-2075

Corrigan Mental Health Center
49 Hillside Street
Fall River, MA 02720

Telephone #
(508) 235-7200
Fax (508) 235-7346

Local Service Sites

Brockton Multi-Service Center
165 Quincy Street
Brockton, MA 02302
*Abington, Avon, Bridgewater, Brockton,
East Bridgewater, Easton, Holbrook, Rockland,
Stoughton, West Bridgewater, Whitman*

Telephone #
(508) 897-2000
Fax (508) 897-2075

Emergency/Crisis 24-hr.
Brockton Multi-Service Center
165 Quincy Street
Brockton, MA 02302

Telephone #
(508) 897-2100
Fax (508) 586-5117

Cape Cod & The Islands
830 County Road
Pocasset, MA 02559

*Barnstable, Bourne, Brewster, Chatham, Chilmark,
Cotuit, Dennis, Eastham, Edgartown, Falmouth,
Gay Head, Harwich, Hyannis, Mashpee, Nantucket,
Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich,
Tisbury, Truro, Vineyard Haven, Wellfleet, West Tisbury,
Woods Hole, Yarmouth*

Telephone #
(508) 957-0900
Fax (508) 790-1024

Emergency/Crisis 24-hr.

Cape Cod
270 Communication Way, Unit 1C
Hyannis, MA 02601

Telephone #
(508) 778-4627
Fax (508) 790-0899

Fall River
Corrigan Mental Health Center
49 Hillside Street
Fall River, MA 02720

Fall River, Freetown, Somerset, Swansea, Westport

Telephone #
(508) 235-7200
Fax (508) 235-7346

Emergency/Crisis 24-hr.

Corrigan Mental Health Center
49 Hillside Street
Fall River, MA 02720

Telephone #
(508) 235-7200
Fax (508) 235-7345

New Bedford
800 Purchase Street
New Bedford, MA 02740

*Acushnet, Dartmouth, Fairhaven, Gosnold,
Marion, Mattapoisett, New Bedford, Onset,
Rochester, Wareham*

Telephone #
(508) 996-7900
Fax (508) 999-1331

Emergency/Crisis 24-hr.

543 North Street
New Bedford, MA 02740
New Bedford Child &
Family Services

Telephone #
(508) 996-3154
Fax (508) 991-8082

Plymouth
40 Industrial Park Rd.
Plymouth, MA 02360

*Carver, Duxbury, Halifax, Hanover, Hanson,
Kingston, Marshfield, Pembroke, Plymouth,
Plympton*

Telephone #
(508) 732-3000
Fax (508) 746-3224

Emergency/Crisis 24-hr.

118 Long Pond Road, Suite 206
Plymouth, MA 02360
Family Continuity Program

Telephone #

800-469-9888
Fax: (508) 747-7838

Taunton/Attleboro**P.O. Box 4007****Taunton, MA 02780**

*Attleboro, Berkley, Dighton, Lakeville,
Mansfield, Middleboro, North Attleboro,
Norton, Raynham, Rehoboth, Seekonk, Taunton*

Telephone #

(508) 977-3150
Fax (508) 977-3752

Emergency/Crisis 24-hr.

108 West Main St., Bldg. #2
Norton, MA 02766

Telephone #

(508) 285-9400
1-800-660-4300
Fax (508) 285-6573

Metro Boston Area

85 East Newton Street
Boston, MA 02118
Phone (617) 626-9200
Fax (617) 626-9216

DMH Operated Facilities in Area**Local Service Sites****Metro Boston Mental Health Units at
Lemuel Shattuck Hospital**

170 Morton Street
Jamaica Plain, MA 02130

Telephone #

(617) 971-3488
Fax (617) 522-7888
TTY 617-971-3840

Dr. Solomon Carter Fuller Mental Health Center

Boston Campus
85 East Newton Street
Boston, MA 02118

Telephone #

(617) 626-9200 or
Fax (617) 626-9216
TTY 617-626-9252

Erich Lindemann Mental Health Center

25 Staniford Street
Boston, MA 02114

Telephone #

(617) 626-8500
Fax (617) 626-8515

Massachusetts Mental Health Center
Lemuel Shattuck Hospital
170 Morton Street
Jamaica Plain, MA 02130

Telephone #
(617) 971-3488
Fax (617) 522-7888
TTY 617-971-3840

Cambridge/Somerville Center
2400 Massachusetts Avenue
Cambridge, MA 02140

Telephone #
(617) 626-4800
Fax (617) 497-6128

Emergency/Crisis 24-hr.
Boston Emergency Services Team

Telephone #
1-800-981-HELP

Emergency/Crisis 24-hr.
Cambridge/Somerville

Telephone #
617-665-1560
617-665-1572

L. Additional Mental Health Services

Baystate Medical Center
Baystate Behavioral Health Associates
3300 Main St. Suite 3D
Springfield, MA 01199
Phone: 413-794-7035
Fax: 413-794-7130

Hospital –based outpatient care for mental health treatment and counseling.
Interpreter services and patient education available.

Behavioral Health Network
503 State St.
Springfield, MA 01109
Phone: 413-746-3758
Fax: 413-733-7841

Crisis Line- - 413-733-6661

Crisis Hotline and Crisis Response Center. Also provides mental health screening and professional training for all ages in any language.

Mt Tom Mental Health Center
40 Bobala Rd.
Holyoke, MA 01040
Phone: 413-536-5473
Fax: 413-536-8271

Hotline: 413-733-6661

Crisis response and hotline. Mental health counseling and treatment services.

Mental Health & Substance Abuse Services

333 East St

Pittsfield, MA 01201

Phone: 413-499-0412

Fax: 413-499-0995

Crisis response team, mental health screening, counseling and treatment services, support for families' bereaved by suicide. Adolescent training program, "Lifeguards."

Community Healthlink Sites

Central

UMass Memorial Hospital

Community Healthlink

72 Jaques Avenue

Worcester, MA 01610

www.communityhealthlink.org

Central Administration

Phone: 508-860-1260

Fax: 508-752-0577

Main office for Community Health Link. Provides mental health counseling, treatment and screening. Anti-stigma and advocacy for all ages.

Affiliated Sites:

Leominster Counseling Center

100 Erdman Way

Leominster, MA 01353

Phone: 978-537-0956

Fitchburg Counseling Center

255 Main St.

Fitchburg, MA 01420

Phone: 978-343-9932

Clinton Counseling Center

221 Greeley Street

Clinton, MA 01510

Phone: 978-368-0181

Gardener Counseling Center

10 Parker St.
Gardener, MA 01440
Phone: 978-630-4740

Great Brook Valley Health Center

19 Tacoma St.
Worcester, MA 01609
Phone: 508-852-1805
Mental health counseling and treatment. Mental health screening for all ages including Non-English speaking population (Portuguese and Spanish).

Children's Aid and Family Services, Inc.**Big Friends/Little Friends**

915 South St.
Fitchburg, MA 01420
Phone: 978-345-4147
Mental health counseling and treatment for all ages.

Southeast**Cape Cod****Monomoy Community Services**

Depot Rd
Chatham, MA
Phone: 508-945-1501

Metro Boston**Latin American Health Institute**

95 Berkley St
Boston, MA 02116
Phone: 617-350-6900 x150
Fax: 617-350-6901

www.lhi.org

Spanish speaking mental health counseling, treatment and case management. Suicide prevention education and training for youth including gay, lesbian and Non-English speaking youth. Training for professionals.

The Trauma Center/Arbour Health Systems

1269 Beacon Street
Brookline, MA 02446
Phone: 617-232-1303

www.traumacenter.org

Largest private mental health and substance abuse treatment system in MA. Their mission is to help trauma survivors in the process of reconstructing their lives. There are 15 counseling centers and a main office in Brookline. Services include clinical services, training, consultation and education. Grief support group currently not running.

M. Mental Health Advocacy/Support

Statewide

How to Guide to Children's Mental Health Services

Designed to be practical and easy to read, the Guide is a reference tool that will introduce you to the kinds of mental health services available for children in Massachusetts. You will also find information about how to get these services and how to pay for them.

www.bostonbar.org/prs/BBA_howtoguide12-01-04.

NAMI Massachusetts

400 W. Cummings Park
Suite 6650
Woburn, MA 01801
Phone: 781-938-4048/
800-370-9085
Fax: 781-938-4069
Email- namimass@aol.com
www.namimass.org

Greater Boston

NAMI/Cambridge/Middlesex

174 Appleton St.
Cambridge, MA 02138
617-984-0527
NAMI/Cambridge
24 Arlington St.
Cambridge, MA 02140
617-984-0527

**Consumer Affiliate Network
Greater Boston**

781-642-0368
617-407-9850

NAMI/Newton/Wellesley

Eileen O'Toole
28 Mercer Rd.
Needham, MA 02194
781-444-0750
Mentalhealthnami@aol.com

NAMI/Nubian Boston

PO Box 190135
Roxbury, MA 02119
Emmaw2000w@hotmail.com

Southeast

NAMI/New Bedford

508-993-0241
naminewbedford@nami.org

NAMI/Attleboro

140 Park Street
Attleboro, MA 02703
508-222-7525x255
pmurphy@com-care.org

NAMI/Cape Cod

Nancy Bacher
17 Copper Lane
Centerville, MA 02632
508-778-4277
508-778-0650
namicapecod@aol.com

NAMI/Coastal

20 Ridge Hill Rd.
Norwell, MA 02061
781-878-4400
FLZambuto@comcast.net

NAMI/Plymouth

22 Traveler Lane
Marshfield, MA 02050
781-829-7215
phylburns234@aol.com

NAMI/Fall River

508-678-2584
blvreadabook@aol.com

NAMI/South Shore

265 Fayette St.
Quincy, MA 02170
617-773-7440

NAMI South Norfolk

PO Box 71
Norwood, MA 02062

Northeast**NAMI/Greater Lawrence**

8 King Street
Methuen, MA 01844
978-725-2537
emmal@comcast.net

NAMI/Greater North Shore

70 High Street
Rockport, MA 01966
877-221-6264
hadley123@adelphia.net

NAMI/Greater Lowell

PO Box 104
N. Chelmsford, MA 01863
978-455-4424
978-256-8456

NAMI/Northeast Essex

978-462-2471

Central Massachusetts

NAMI/North Central

PO Box 442

Fitchburg, MA 01420

978-772-4243

junk.yard.bob@worldnet.att.net

namiofcm@aol.com

NAMI/Central

Worcester State Hospital

305 Belmont Street Rm E-33

Worcester, MA 01604

508-368-3562

info@namicentralmass.org

NAMI/Central Middlesex

781-275-5133

Helpline-781-982-3318

Nansea01730@yahoo.com

NAMI/Greater Framingham

88 LaSalle Ave.

Framingham, MA 01701

508-877-2779

jmpond@rcn.com

Western Massachusetts

NAMI/Western Massachusetts

717 Main Street

Agawam, MA 01001

413-786-9139

amiwma@aol.com

NAMI/Berkshire County

333 East Street Rm. Rm 417

Pittsfield, MA 01201

413-443-1666

namibc@berkshire.net

VII. National and International Suicide Prevention Resources: Descriptions, Web Sites and Contact Information

Description of Hotline /Crisis Line services:

These services are generally toll-free, confidential phone lines which people can call 24/7 to speak to staff and /or trained volunteers in a time of crisis for support and advice.

The services may include risk assessment, intervention, screening and referrals.

Hotlines/24 hour crisis lines

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

National Hopeline Network

1-800-SUICIDE (784-2433)

Youth Crisis Line (Nine Line)

1-800-999-9999

Trevor Project

1-866-488-7386

for gay, lesbian, transexual, bisexual youth

www.thetrevorproject.org

CONTACT USA is a network of crisis intervention and telephone helpline centers across the United States.

<http://www.contact-usa.org>

Covenant House Nineline.

1-800-999-9999

The Covenant House crisis line, Nineline, provides free, confidential, and immediate intervention to kids and parents 24 hours a day through a toll-free number, 1-800-999-9999. Last year Nineline's trained staff received over 63,000 crisis calls. Almost 200 times a day, workers and volunteers talk with callers about all types of crises ... the breakup of relationships; problems with parents, school, or peers; parenting concerns; alcohol and substance abuse; health concerns; physical abuse; homelessness; and suicide.

<http://www.covenanthouse.org>

CrisisLink supports those facing life crisis, trauma and suicide by providing communities with assistance and training, so they may better understand and respond to those needing support to cope with these life challenges.

<http://www.crisislink.org>

Girls and Boys Town National Crisis Hotline The Girls and Boys Town National Hotline (1-800-448-3000 and TDD 1-800-448-1833) is a 24-hour crisis, resource and referral line. Accredited by the American Association of Suicidology, the Hotline is staffed by trained counselors who can respond to questions every day. Over the past decade, more than 5 million callers have found help at the end of the line. Girls and Boys Town also has an online chat room with counselors, available every Monday (except holidays) from 8 to 9 PM CST.
<http://www.girlsandboystown.org>

National Hopeline Network
1-800-SUICIDE (784-2433)

The National Hopeline Network brings the tremendous knowledge, skill and resources of existing crisis centers under the safety net of a single, easy-to-remember, toll-free telephone number. People in crisis generally don't have the energy or ability to take on a long search for help. The Hopeline Network helps make appropriate, critical services available to all, critical services available to all.
<http://www.hopeline.com>

National Runaway Switchboard. The National Runaway Switchboard (1-800-RUNAWAY) gives help to youth and their families by providing non-judgmental, confidential crisis intervention and local and national referrals through a 24-hour hotline. The National Runaway Switchboard is the federally designated national communication system for runaway and homeless youth, and receives more than 100,000 calls each year. The switchboard is available 24 hours a day throughout the United States and its territories, including Puerto Rico, the U.S. Virgin Islands, and Guam.
<http://www.1800runaway.org>

Suicide and Crisis Helplines around the World. This is the site of former Befrienders International, which is now maintained by Samaritans (UK and ROI). Provides access to suicide and crisis helplines in over 40 countries. The site is available in over 10 languages.
<http://www.befrienders.org>

Teen Education and Crisis Hotline serves North Carolina's youth that are at risk for drug use/abuse, domestic violence, and suicide by providing prevention and education activities for youth and their parents.
<http://www.teachhotline.org>

Education and Training

Center for Injury Prevention and Practice

San Diego State University

Graduate School of Public Health

6475 Alvarado Road, Suite 105

San Diego, CA 92120, USA

Phone: 619-594-1994

David.Lawrence@sdsu.edu

Safetylit.org

Provides information about the occurrence and prevention of injuries available from many sources and disciplines. Safetylit staff and volunteers regularly examine more than 100 journals and scores of reports from government agencies and organizations. Each week Safetylit abstracts are read by 12,000 people from 63 Nations.

Children's Safety Network (CSN)

National Injury and Violence Prevention Resource Center

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02458-1060

Phone: 617-618-2230

Fax: 617-969-9186

www.childrenssafetynetwork.org.

Email: csn@edc.org

For rural youth suicide issues: 715-389-4999

For youth suicide data information: 619-594-3691

For youth suicide economic and data information 301-781-09891

Provides resources and technical assistance to maternal and child health agencies and other organizations seeking to reduce unintentional injuries and violence to children and adolescents. CSN's four resource centers provide information, training and technical assistance to aid states, communities and others in developing and enhancing injury and violence prevention programs. Funded by Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau.

Families for Depression Awareness

395 Totten Pond Road, Suite 404

Waltham, MA 02451

Phone: 781-890-0220

Fax: 781-890-2411

www.familyaware.org

Email- info@familyaware.org

National education and advocacy organization to help families recognize and cope with depression of a family member. Family Profiles depicts photos and interviews with families

coping with depression. Brochure available by mail entitled, “Helping Someone Who is Depressed”.

University of Michigan Depression Center

Rachel Upjohn Building
4250 Plymouth Rd.
Ann Arbor, MI 48109-5763
734-936-4400

The mission of the University of Michigan Depression Center is to develop, disseminate, and advance state-of-the-art science, education, treatment and prevention strategies for clinical depression.

www.med.umich.edu/depression

**Light for Life Foundation International
Yellow Ribbon Suicide Prevention Program**

PO Box 644
Westminster, CO 80036-0644
Phone: 303-429-3530
Fax: 303-426-4496

www.yellowribbon.org

A national program that provides support services to youth and offers trainings, seminars and workshops to teach awareness and suicide prevention skills.

**National Center for Suicide Prevention Training
EDC/Harvard School of Public Health**

55 Chapel Street
Newton, MA 02458-0160
Phone: 877-438-7772

www.ncspt.org

Three online workshops with the option of getting CEU credit; the workshops are:

“Locating, Understanding, and Presenting Youth Suicide”

“Planning and Evaluation for Youth Suicide Prevention”

“Youth Suicide Prevention: An Introduction to Gatekeeping”

Question Persuade Refer (QPR) Institute

P.O. Box 2867
Spokane, WA 99220
Toll Free: 1- 888-726-7926
Fax: 509-536-5400

www.qprinstitute.com

The QPR Institute offers comprehensive suicide prevention training programs, educational and clinical materials for the general public, professionals, and institutions.

Livingworks Education, Inc.

Developed the Applied Suicide Intervention Skills Training (ASIST) workshop (formerly the Suicide Intervention Workshop), a workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

www.livingworks.net

Youth Suicide Prevention Program

Washington State organization that offers gatekeeper training, ASIST training, mini-workshops and they offer to hold trainings on-site.

www.yspp.org/training/training.htm

Glendon Associates

The Glendon staff conducts educational and training seminars and workshops. These workshops are presented in an interactive style, intermixing lecture, discussion and video demonstrations.

They are designed to give participants the opportunity to discuss the theory and methods presented and their application to clinical practice. Glendon workshops have been conducted at universities, mental health facilities and hospitals throughout the country.

http://www.glendon.org/workshops/youth_suicide_violence.html

Training Institute for Suicide Assessment and Clinical Interviewing (TISA)

Separate training for Mental Health Professionals and Primary Care Providers. Offers trainings and courses on suicide assessment, suicide prevention, violence assessment, risk assessment, crisis intervention, clinical interviewing, diagnostic interviewing, and methods for engaging clients and transforming resistance.

www.suicideassessment.com

School Based Suicide Prevention Programs

Screening for Mental Health

National Depression Screening Day
SOS High School Suicide Prevention Program
One Washington St. Suite 304
Wellesley Hills, MA 02481
Phone: 781-239-0071
Fax: 781-431-7447

www.mentalhealthscreening.org

Screening for Mental Health (SMH) is the organization that introduced the depression-screening tool and has also developed a suicide prevention program for high school students. The SOS High School program teaches students to identify early warning signs of suicide and how to deal with a mental health emergency. The program is available to schools for a fee.

New Jersey Adolescent Suicide Prevention Project

Managing Sudden Traumatic Loss in the Schools, a manual that addresses specific issues and includes sample handouts and documents that have been used in schools which have experienced traumatic loss.

www.state.nj.us/health

Video Training

Preventing Adolescent Suicide

Presented by the American Academy of Child & Adolescent Psychiatry and America's Continuing Education Network. Taking the time now to educate and prepare your school & community may one day save the life of a student. This program is intended to provide you with a framework around which you can build an effective adolescent suicide prevention program. This video takes a look at the tragic national problem of adolescent suicide. Expert panelists provide brief presentations on identification, prevention and postvention efforts followed by a panel discussion on intervention. An Important Educational Program for School administrators, guidance counselors, teachers, nurses, psychologists, social workers, family service agency workers, community health and mental health professionals, community outreach workers, police, parents, and advocates.

www.ace-network.com/whatsnew.htm#SuicMenu

The Youth Suicide Prevention School Based Guide

The Guide is not a program but a tool that provides a framework for schools to their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program.

<http://theguide.fmhi.usf.edu>

Youth Suicide Prevention, Intervention, and Postvention Guidelines:

A Resource Guide for School Personnel

This book is used as an integral part of an interactive youth suicide prevention gatekeeper training and is also designed to serve as a resource book for trained gatekeepers.

www.state.me.us/suicide/

Guidelines for School Based Suicide Prevention Programs

Compiled by the Prevention Division of the American Association of Suicidology, this is a resource for schools and school administrators.

www.suicidology.org

Peer Gatekeepers Training

<http://www.health.state.nd.us/presentations/suicide3>

Living Works Suicide Intervention Training for Teens and QPR youth Training

Is designed mainly for professionals who may come into contact with potentially suicidal persons.

www.yspp.org

Centers for Disease Control, US Department of Health and Human Services.

Youth Suicide Prevention Programs: A Resource Guide. Full text available at:

www.cdc.gov/ncipc/pub-res/youthsui.htm

Professional Organizations

- **American Academy of Child and Adolescent Psychiatry (AACAP)** AACAP promotes an understanding of mental illnesses and removing the stigma associated with them, advancing efforts in prevention of mental illnesses, and assuring proper treatment and access to services for children and adolescents.
3615 Wisconsin Avenue, NW
Washington D.C. 20016
Phone: 202-966-7300
www.aacap.org
- **American Association of Suicidology (AAS)**. AAS is a nonprofit organization dedicated to the understanding and prevention of suicide. Its site is designed as a resource for anyone concerned about suicide, including AAS members, suicide researchers, therapists, prevention specialists, survivors of suicide, and people who are themselves in crisis.
5221 Wisconsin Ave., NW
Washington, D.C. 20015
Phone: 202-237-2280
<http://www.suicidology.org>
- The **American Foundation for Suicide Prevention (AFSP)** is dedicated to advancing the knowledge of suicide and the ability to prevent it by supporting the research and education needed to prevent suicide.
120 Wall Street, 22nd Floor
New York, New York 10005
Phone: 888-333-AFSP
<http://www.afsp.org>
- **American Psychological Association (APA)** The largest scientific and professional organization representing psychology in the United States and the world's largest association of psychologists, APA works to advance psychology as a science, as a profession, and as a means of promoting human welfare.
750 First Street, NE
Washington, D. C. 20002
Phone 202-336-5500
www.apa.org

- **National Association of School Psychologists**
National Mental Health and Education Center Promotes educationally any psychologically healthy environments for all children and youth by implementing research-based effective programs that prevent problems, enhance independence, and promote optimal learning. Resources on mental illness, including depression and suicide.
 4340 East West Highway Suite 402
 Bethesda, MD 20814
 Phone: 301-657-0270
www.nasponline.org
- **Canadian Association for Suicide Prevention (CASP).** CASP's purpose is to reduce the suicide rate and minimize the harmful consequences of suicidal behavior.
<http://www.suicideprevention.ca>
- **The European Network for Suicidology.** A non-governmental organization, the Network's purpose is to establish a European coordinated network covering initiatives and efforts in the area of suicide research and suicide prevention, involving researchers, clinicians, and volunteers; and to enter into dialogue with the World Health Organization/EURO and the European Union.
<http://www.uke.uni-hamburg.de/ens>
- **International Association for Suicide Prevention (IASP).** IASP is dedicated to preventing suicidal behavior, to alleviate its effects, and to provide a forum for academicians, mental health professionals, crisis workers, volunteers and suicide survivors.
<http://www.med.uio.no/iasp>
- **National Organization for People of Color Against Suicide (NOPCAS).** A non-profit organization, NOPCAS's goals are to bring suicide and depression awareness to minority communities that have historically been discounted from traditional awareness programs.
 P.O. Box 75571
 Washington, D.C. 20013
 Phone: 202-549-6039
<http://www.nopcas.com>
- **Suicide Prevention Action Network (SPAN) USA, Inc.** SPAN USA's goal is to create a way for survivors of suicide to transform their grief into positive action to prevent future tragedies.
 1025 Vermont Avenue, NW, Suite 1066
 Washington, DC 20005
 Phone: 202-449-3600
<http://www.spanusa.org/>

- **Center for School Mental Health Assistance** Provides leadership and technical assistance to advance interdisciplinary school-based mental health programs. The Center offers a forum for training, the exchange of ideas, and promotion of coordinated systems of care.

University of Maryland at Baltimore

737 West Lombard St., 4th Floor

Baltimore, MD 21201

Phone: 888-706-0980; 410-706-0980

<http://csmha.umaryland.edu>

- **Suicide Prevention Resource Center**
Education Development Center, Inc. SPRC is a national resource center that provides technical assistance, training and information in order to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. The center will 1) provide suicide prevention technical assistance to national, state and local organizations, 2) disseminate suicide prevention related information, 3) identify best practices in suicide prevention, 4) develop and deliver training on suicide prevention topics, and 5) conduct policy activities.

55 Chapel Street

Newton, MA 02458-1060

www.sprc.org

Survivor Support

- **American Association of Suicidology (AAS)** is a nonprofit organization dedicated to the understanding and prevention of suicide. Its site is designed as a resource for anyone concerned about suicide, including AAS members, suicide researchers, therapists, prevention specialists, survivors of suicide, and people who are themselves in crisis.
5221 Wisconsin Ave., NW
Washington, D.C. 20015
Phone: 202-237-2280
<http://www.suicidology.org>
- The **American Foundation for Suicide Prevention (AFSP)** is dedicated to advancing the knowledge of suicide and the ability to prevent it by supporting the research and education needed to prevent suicide.
120 Wall Street, 22nd floor
New York, New York 10005
Phone: 800-333-AFSP, 212-363-3500
<http://www.afsp.org>
- **The Bereavement Information Pack** was originally developed at the Centre for Suicide Research, Oxford University Department of Psychiatry, as part of a project about suicide in young people.
<http://www.rpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/bereavement.aspx>
- **The Compassionate Friends.** A national non-profit, the mission of The Compassionate Friends is to assist families toward the positive resolution of grief following the death of a child of any age and to provide information to help others be supportive. Has 575 chapters throughout the U.S.
PO Box 3696
Oak Brook, IL 60522
Phone: 877-969-0010
<http://www.compassionatefriends.com>
- The **Gift of Keith** is a website created in memory of Keith Loehr who died by suicide on March 29, 1999. One channel leads to a tribute site, while the other channel leads to information for suicide survivors.
<http://thegiftofkeith.org>
- **HEARTBEAT: Grief Support Following Suicide** is a peer support group offering empathy, encouragement and direction following the suicide of a loved one.
<http://www.heartbeatsurvivorsaftersuicide.org>

- **The Link Counseling Center's National Resource Center.** For Suicide Prevention and Aftercare. Programs of The Link are Counseling and Psychotherapy, Children in Crisis and Grief, Suicide Prevention and Aftercare, Community Education, Training, and Supervision.
Sandy Springs Location
348 Mount Vernon Highway NE
Atlanta, Georgia 30328
Phone: 404-256-9797
<http://www.thelink.org>
- **Loving Outreach** is a support group made up of survivors in Ontario. The site contains information helpful to survivors.
<http://www.lovingoutreach.org/index.html>
- **Resources for Clinicians Who Have Lost a Patient to Suicide** is part of a website created and maintained by the American Association of Suicidology's Clinician Survivor Task Force.
<http://www.iusb.edu/~jmcintos/basicinfo.htm>
- **SA/VE: Suicide Awareness/Voices of Education.** An organization dedicated to education about suicide and mental illness, and to speaking for suicide survivors.
8120 Penn Ave. S., Suite 470
Bloomington, MN 55431
Phone: 952-946-7998
<http://www.save.org>
- **Suicide Prevention Action Network (SPAN) USA, Inc.** SPAN USA's goal is to create a way for survivors of suicide to transform their grief into positive action to prevent future tragedies.
1025 Vermont Avenue, NW, Suite 1066
Washington, DC 20005
Phone: 202-449-3600
<http://www.spanusa.org/>

Befrienders International

www.Befrienders.org

Upper Mill

Kingston Road

Ewell

Surrey KT17 2AF

United Kingdom

Befrienders International is a network of 357 befriending centers in 41 countries worldwide. Centers are run by volunteers who provide emotional support to people who call or email. Information and services are available in all languages and can be accessed on the website.

- **Surviving Suicide.** A website for healing after the loss of a loved one by suicide.
<http://www.survivingsuicide.com>
- **Survivors of Suicide, Inc. (SOS)** is a nonprofit, nonsectarian, self-help support group for those who have lost a relative or friend through suicide. This site maintains links to other related sites, a quarterly newsletter and volunteer opportunities.
<http://www.sossd.org>

Youth and Young Adult

- **4girls.gov.** This web site, developed by the Office on Women's Health in the Department of Health and Human Services focuses on many health topics that respond to adolescent girls' health concerns. The section, Mind Over Matters, talks about relieving stress in healthy ways, stress reduction techniques, stress and illness, depression, self-injury, and teen suicide prevention.
<http://www.4girls.gov/mind/index.htm>
- **The Beth Foundation, Inc.** A non-profit organization dedicated to reducing the suicide rate in Florida through education and awareness. Provides training to increase the general knowledge about the nature of suicidal behavior, how to respond and refer a suicidal person for help, and provides a clearinghouse for suicide prevention information and resources.
<http://www.thebethfoundation.com>
- **CDC National Youth Violence Prevention Resource Center.** A central source for violence prevention information for parents, teens and others. Lists a toll-free hotline, a fax-on-demand service for prevention program information, publications, research and statistics, fact sheets and more.
P.O. BOX 10809
Rockville, MD 20849-0809
Toll Free: 1-866-723-3968
<http://www.safeyouth.org>
- **Children's Safety Network.** Serving maternal and child health agencies and other organizations by providing information and technical assistance in efforts to reduce unintentional injuries and violence to children and adolescents. Also provides summaries of state prevention plans, and contact names for other states developing plans.
<http://www.childrenssafetynetwork.org>
- **The Jason Foundation.** A nationally recognized leader in teen suicide awareness and prevention. Makes available a wide range of informative, educational materials and programs, at no charge, to parents, teachers, youth workers and others who are concerned about the alarming statistics that link our country's next

generations and suicide.

<http://www.jasonfoundation.com/>

- **The Jed Foundation.** The Jed Foundation is a nonprofit public charity committed to reducing the young adult suicide rate and improving mental health support provided to college students nationwide.
<http://www.jedfoundation.org>
- **Kids Help Phone Site.** Counselors answer calls from across Canada, giving youth, parents and caregivers across Canada a place to turn for help 24 hours a day, 365 days a year.
<http://www.kidshelpphone.ca/en>
- **Notmykid Inc.** is a non-profit organization dedicated to helping parents get educated about youth behavioral health issues including substance abuse, ADHD, lying, suicide and depression.
<http://www.notmykid.org>
- **Teen Education and Crisis Hotline** serves North Carolina's youth that are at risk for drug use/abuse, domestic violence, and suicide by providing prevention and education activities for youth and their parents.
<http://www.teachhotline.org>
- The **Trevor Helpline** is a national 24-hour, toll-free suicide prevention hot line aimed at gay and questioning youth. Calls are handled by highly trained counselors and are free and confidential.
<http://thetrevorproject.org/home2.aspx>
- **Ulifeline.** Ulifeline.org is a Web-based resource that provides students with a non-threatening and supportive link to their respective college's mental health center as well as important mental health information.
<http://www.ulifeline.org>
- The **Virginia Department of Health's Center for Injury and Violence Prevention** is the lead agency for Virginia's Youth Suicide Prevention Plan.
<http://www.vahealth.org/civp/preventsuicideva>
- **Washington State Youth Suicide Prevention Program** is a private, not-for-profit organization, focusing on public awareness, training, and communities in action.
<http://www.yspp.org>
- **Yellow Ribbon Suicide Prevention Program.** Program of awareness, education, prevention, intervention, postvention, community building, collaboration, replication & sustainability. Be-A-Linktm Gatekeeper Presentations and Trainings

are available to youth and adults, separately and jointly. Curriculums are designed for professional and lay people, EMS/fire and law enforcement.

<http://www.yellowribbon.org>

Mental Health

- **Depression and Bipolar Support Alliance.** Formerly the National Depressive and Manic-Depressive Association.
A non-profit patient-directed organization focusing on depression and bipolar disorder. Provides up-to-date, scientifically based tools and information. Supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. Works to ensure that people living with mood disorders are treated equitably.
730 N. Franklin Street, Suite 501
Chicago, IL 60610-7224
Phone: 800-826-3632
<http://www.dbsalliance.org>
- **The International Foundation for Research and Education on Depression (iFred)** is a 501(c)3 organization dedicated to researching causes of depression, to support those dealing with depression, and to combat the stigma associated with depression. Though several organizations deal with mental illness, few, if any, actually focus internationally on depression in an encouraging, enlightening way.
2017-D Renard Ct.
Annapolis, MD 21401
Phone: 410-268-0044
www.ifred.org
- **Depression Screening.** National Mental Health Association (NMHA) has a Depression Screening site as part of their Campaign for America's Mental Health. The mission of this web site is to educate people about clinical depression, offer a confidential way for people to get screened for symptoms of the illness, and guide people toward appropriate professional help if necessary.
<http://www.depression-screening.org>
- **The Glendon Association.** A non-profit psychology corporation dedicated to understanding the roots and dynamics of self-destructive behavior and to alleviating the resulting social problems of suicide, child abuse, violence, and disturbed family relationships.
<http://www.glendon.org>
- **The National Alliance for the Mentally Ill.** A nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders.

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
Phone: 703-524-7600
<http://www.nami.org>

- **National Center for PTSD.** Created by U.S. Dept. of Veterans Affairs in 1989 in response to a Congressional mandate to address the needs of veterans with military-related PTSD, the Center's mission was, and remains: To advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. This website is provided as an educational resource concerning PTSD and other enduring consequences of traumatic stress.
<http://www.ncptsd.va.gov/ncmain/index.jsp>
- **NIMH - National Institute/Mental Health.** Part of the National Institutes of Health (NIH), the principal biomedical and behavioral research agency of the United States Government, NIMH's mission is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior.
6001 Executive Boulevard
Rm. 8184 MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513, Toll Free: 866-615-6464
<http://www.nimh.nih.gov>
- **National Mental Health Association.** Nonprofit organization addressing all aspects of mental health and mental illness, provides referrals for mental health services to the public. Includes an online locator by state of providers of free depression screening.
2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
Phone: 800-969-NMHA (6642)
<http://www.nmha.org>
- **Substance Abuse and Mental Health Services Administration.** An Agency of the U.S. Department of Health & Human Services, SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.
1 Choke Cherry Road
Rockville, MD 20857
Phone: 240-276-2000
<http://www.samhsa.gov>
- **SAMHSA's National Mental Health Information Center** provides information about mental health at the local, state and federal level to a vast audience,

including Spanish materials, recent news items, an events listing and a mental illness services locator.

<http://www.mentalhealth.samhsa.gov>

- **SAMHSA's Family Guide to Keeping Youth Mentally Healthy and Drug Free.** Developed by the Substance Abuse and Mental Health Services Administration to help educate parents and other concerned adults about effective means of promoting mental health in children and adolescents. The site also focuses on communicating to adults about how to reduce the risk of youth involvement with illegal substances, alcohol and tobacco.
<http://family.samhsa.gov/>
- **National Mental Health Services Knowledge Exchange Network** provides a user friendly, “one stop” gateway to a wide range of resources on mental health services.
PO Box 42557
Washington, D.C. 20015
Phone: 800-789-2647
www.mentalhealth.org

Research

- **International Academy for Suicide Research.** Publishers of Suicide Studies, formerly Archives of Suicide Research. The objectives of the Academy include promoting high standards of research and scholarship in the field of suicidal behavior by fostering communication and cooperation among scholars engaged in such research.
<http://www.iasronline.org>
- **National Library of Medicine.** Creator of MedLine/PubMed. PubMed provides access to over 12 million MEDLINE citations back to the mid-1960's and additional life science journals. PubMed includes links to many sites providing full text articles and other related resources.
<http://www.nlm.nih.gov/>
- **National Strategy for Suicide Prevention.** The National Strategy for Suicide Prevention creates a framework for suicide prevention for the Nation. The Goals and Objectives for Action articulate a set of 11 goals and 68 objectives, and provide a blueprint for action. The National Strategy was published by the U.S. Department of Health and Human Services in May 2001 with the leadership from the Surgeon General.
<http://www.mentalhealth.org/suicideprevention>

- **NIMH Suicide Research Consortium.** Coordinates program development in suicide research, identifies gaps in the scientific knowledge base on suicide across the life span, stimulates and monitors extramural research on suicide, keeps abreast of scientific developments in suicidology and public policy issues related to suicide surveillance, prevention and treatment, and disseminates science-based information on suicidology to the public, media, and policy makers.
<http://www.nimh.nih.gov/researchfunding/index.cfm>
- **Oxford University Centre for Suicide Research.** Conducts research investigations on suicidal behavior, disseminates research finds, collaborates with other major centers, and provides training opportunities for researchers and students.
<http://cebmh.warne.ox.ac.uk/csr>
- **Suicide Information and Education Centre (SIEC).** SIEC is a special library and resource center providing article packages on specific topics on suicide and suicidal behavior.
<http://www.suicideinfo.ca>

Statistics

- **WISQARS - (Web-based Injury Statistics Query And Reporting System).** An interactive system that provides customized injury-related mortality data useful for research and for making informed public health decision.
<http://www.cdc.gov/ncipc/wisqars/default.htm>
- **The Centers for Disease Control and Prevention.** Lists data and surveillance systems.
<http://www.cdc.gov/DataStatistics>
- **National Injury Data Technical Assistance Center.** Charts of injury mortality trends for each state with the mechanism of suicide for age groups. Each chart links to a downloadable Excel workbook containing the data that generated the chart and a high definition version of the chart suitable for inclusion in a printed reproduction.
<http://www.injuryprevention.org/info/data.htm>
- **The National Violent Injury Statistics System.** The National Violent Injury Statistics System (NVISS) is working to establish ongoing, national data systems on violent injuries. Gathering uniform data will assist efforts to understand and prevent homicide, suicide, and other violent injuries. NVISS's current major project is to pilot-test a prototype for the Centers for Disease Control and

Prevention's proposed National Violent Death Reporting System.
<http://www.nviss.org>

- The **World Health Organization Statistical Information System (WHOIS)**. Offers statistical information on other countries as well the United States.
<http://www.who.int/whosis/en>

State Plans

- **State Suicide Prevention Web Pages**
www.sprc.org/statepages/index
Serves as a central collection of information about suicide prevention efforts for each state and provides a forum for sharing communication and resources within and across states. Each page includes a brief history of state suicide prevention efforts, highlights of current activities, a link to the state plan, scope of the state plan, state data, legislation, resources, funding sources and more.
- **Massachusetts Strategic Plan for Suicide Prevention** put forward by the Massachusetts Coalition for Suicide Prevention.
www.mass.gov/dph/fch/injury/index.htm

Special Populations

- **APA Online:** Depression and Suicide in Older Adults Resource Guide. Includes citations to journal articles, books, book chapters, reports and websites on depression and suicide in older adults.
<http://www.apa.org/pi/aging/depression.html>
- **Gay, Lesbian, Bisexual, Transgender Health Webpages - Seattle & King County.** Provides direct services and education to the residents of King County, Washington. The Gay, Lesbian, Bisexual, Transgender (GLBT) Health Webpages are designed to address some of the issues that affect GLBT youth somewhat differently than other youth, including suicide.
<http://www.metrokc.gov/health/glbt/youthsuicide.htm>
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- **The Gay, Lesbian and Straight Education Network (GLSEN).** The Gay, Lesbian and Straight Education Network strives to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression. GLSEN brings together students, educators, families and other community members to reform America's educational system.
<http://www.glsen.org>
- **Healing of Nations** This site is dedicated to disseminating information about suicide prevention and crisis intervention among American Indian youth. The site places a special emphasis on community planning from a cultural perspective.
<http://www.healingofnations.org/>
- **Indian Health Service Injury Prevention Program Website.** Seeks to raise the health status of American Indians and Alaska Natives to the highest possible level by decreasing the incidence of severe injuries and death to the lowest possible level and increasing the ability of tribes to address their injury problems.
<http://www.ihs.gov/MedicalPrograms/InjuryPrevention/index.cfm>
- **Institute on Aging.** Provides a factsheet on suicide and the elderly, as well as information on symptoms of depression, signs of alcoholism, and complicated bereavement.
<http://www.ioaging.org/programs/cesp/sfacts.html>
- **The National Strategy for Suicide Prevention: At a Glance: Suicide Among the Elderly.** A factsheet on suicide and the elderly.
<http://www.mentalhealth.org/suicideprevention/elderly.asp>
- **The Trevor Helpline** is a national 24-hour, toll-free suicide prevention hot line aimed at gay and questioning youth. Calls are handled by highly trained counselors and are free and confidential.
<http://www.thetrevorproject.org/home2.aspx>

International Organizations

- **The Aeschi Working Group.** A group of international clinicians and researchers dedicated to a patient-oriented understanding of the suicidal process and to improving the therapeutic relationship with the suicidal individual.
<http://www.aeschiconference.unibe.ch>
- **AUSEINET (The Australian Network for Promotion, Prevention and Early Intervention for Mental Health)** A national project funded by the Commonwealth Department of Health and Aged Care, Auseinet informs, educates and promotes good practice in a range of sectors and the community about mental health promotion, prevention, early intervention and suicide prevention across the

lifespan.

<http://www.auseinet.com/suiprev/index.php>

- **Canadian Association for Suicide Prevention (CASP).** CASP's purpose is to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour.
<http://www.suicideprevention.ca>
- **The European Network for Suicidology.** A non-governmental organization, the Network's purpose is to establish a European coordinated network covering initiatives and efforts in the area of suicide research and suicide prevention, involving researchers, clinicians, and volunteers; and to enter into dialogue with the World Health Organization/EURO and the European Union.
<http://www.uke.uni-hamburg.de/ens>
- **International Association for Suicide Prevention (IASP).** IASP is dedicated to preventing suicidal behaviour, to alleviate its effects, and to provide a forum for academicians, mental health professionals, crisis workers, volunteers and suicide survivors.
<http://www.med.uio.no/iasp>
- **Samaritans, U.K.** Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. The Samaritans' vision is for a society in which: Fewer people die by suicide; People are able to explore their feelings; and People are able to acknowledge and respect the feelings of others.
<http://www.samaritans.org>

VIII. Data Resources

Data Resources

National

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

WISQUARS - Web-based Injury Statistics Query and Reporting System

www.cdc.gov/ncipc/wisquars

An interactive database system that provides customized reports of injury-related data.

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Injury Maps

www.cdc.gov/ncipc/maps

Injury Maps gives you access to the geographic distribution of injury-related mortality rates in the United States. Allows you to create county-level and state-level maps of age adjusted mortality rates for the entire United States and for individual states.

United States Air Force

Department of Defense

Division of Violence Prevention

National Center for Injury Prevention and Control

CDC

Suicide Prevention Among Active Duty Air Force Personnel

United States, 1990-1999

www.cdc.gov/mmwr/preview/mmwrhtml

Massachusetts

The Injury Surveillance Program

Bureau of Health Statistics Research and Evaluation

Massachusetts Department of Public Health

250 Washington Street, 6th Floor

Boston 02108

Phone: 617-624-5665

Fax: 617-624-5070

www.state.ma.us/dph/bhsre/isp/isp.htm

Massachusetts Department of Education

Health, Safety and Student Support Services Program

Youth Risk Behavior Survey (YRBS)

781-338-3603

www.doe.mass.edu/hssss/program/youthrisk.html

The YRBS is conducted by the Massachusetts Department of Education with the Centers For Disease Control and Prevention in randomly selected high schools every other year. It focuses on the major risk behaviors that threaten the health and safety of young people.

Boston Emergency Department Surveillance System

Boston Public Health Commission

Research Office

1010 Mass. Avenue 6th floor

Boston 02118

Phone: 617-534-4757

Fax: 617-534-2422

The Boston Emergency Department Surveillance System (BEDSS) is a surveillance project unique to the City of Boston, monitoring suicide attempts as well as other intentional child and adolescent injuries. The project is a collaboration among four hospital-based pediatric emergency departments and the Boston Public Health Commission. The four hospitals are Boston Medical Center, Children's Hospital, New England Medical Center and Massachusetts General Hospital. It is estimated that these four hospitals see 95% of all pediatric (ages 3-18) emergencies in the city of Boston.

Appendix A

Massachusetts Suicide Prevention Resource Guide

Order Form

This Guide contains national, state and local information on suicide prevention resources which include: understanding suicide, state prevention plans, education and training programs, hotlines, crisis lines, mental health providers and much more.

The goal of this guide is to help professionals, survivors, friends, family and loved ones locate existing suicide prevention services and resources and assist the Massachusetts Department of Public Health in identifying gaps in services and programs.

Prepared by:
Massachusetts Department of Public Health
Injury Prevention and Control Program, Suicide Prevention Program
Bureau of Family and Community Health

Copies are available free of charge.

If you would like to obtain a copy of this guide, please complete the section below and mail or fax the form to:

Janice Ventre
MA Department of Public Health
250 Washington Street, 4th floor
Boston, MA 02108-4619
Fax: (617) 624-5075
TTY: (617) 624-5992
E-Mail: Janice.ventre@state.ma.us

Date _____

Name _____

Agency _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

E-Mail _____